

Account Change Forms

Banking with Eitzen State Bank is as simple as 1, 2, 3 with these convenient forms:



Eitzen State Bank

A Real Community Bank

Member FDIC

We are pleased that you are switching to Eitzen State Bank. Simply follow these three steps

1. Close your current checking account. Fill out the following form for Checking Account Closure and take it to your bank. It gives your bank the date to close your account and where to send your remaining balance.
2. Set up your direct deposits. Fill out the form for Direct Deposits Change and give it to your employer. It's the most convenient way to have quick access to your payroll checks. It gives your employer all the information they will need to route your checks and the effective date. Some employers may have you fill out additional forms of their own.
3. Set up automatic payments. Fill out the form for Automatic Payment Change and forward it to each company that automatically drafts your checking account, or to those that you want to set up to do this. It gives each company your new information to change their records and what day to start drafting your Eitzen State Bank Account.

Form – Checking Account Closure

Date: _____ Name: _____
Current Financial Institution _____
Address: _____
Account Number to Close: _____ New Account Number: _____
New Financial Institution: _____
Address: _____
Attention: _____ Telephone: _____
I hereby authorize the closing of my account effective (date): _____
Social Security Number: _____ Signature: _____

SEND THIS FORM TO YOUR CURRENT FINANCIAL INSTITUTION

Form- Direct Deposit Change

Date: _____ Name: _____
Employer Company Name: _____
Employer Address: _____
Previous Financial Institution: _____
Address: _____
Previous Account Number Closing: _____ New Account Number: _____
New Financial Institution: _____
Address: _____
Routing Number for New Bank: _____ Telephone: _____
I hereby authorize direct deposits to my account effective (date): _____
Social Security Number: _____ Signature: _____

SEND THIS FORM TO YOUR PRESENT EMPLOYER

Form – Automatic Payment Change

Date: _____ Name: _____
Company Name: _____
Previous Financial Institution: _____
Address: _____
Previous Account Number: _____ New Account Number: _____
New Financial Institution: _____
Address: _____
Routing Number for New Bank: _____ Telephone: _____
I hereby authorize automatic payment to my account effective (date): _____
Social Security Number: _____ Signature: _____

SEND TO EACH COMPANY THAT RECEIVES ELECTRONIC PAYMENTS