



Change Direct Deposits

Date

Employer/Depositor's Name

Address

City, State, Zip

To Whom It May Concern: Please change my direct deposit.

Old Bank: _____

Bank Routing Number: _____

Account Number: _____

Please stop making deposits to that account and instead deposit to:

Financial Institution Name: **Inland Bank**

Bank Routing Number: **071925596**

Account Number: _____

If you have any questions about this request, please contact me during the DAY EVENING (check one) at:
_____ (phone number).

Thank you.
Sincerely

Signature

Name (please print)

Address

City, State, Zip

Other information your employer may need (SSN, Employee ID#, etc.)

