DIRECT DEPOSIT ENROLLMENT/CHANGE REQUEST

Step 1: Copy | Step 2: Fill In | Step 3: Send

Company Information		
Company Name		
Company Street Address	City, State	Zip

To Whom It May Concern:

I have recently opened an account with Bank of Advance and would like to authorize all transactions be deposited into my new account. Please use the following information to discontinue any deposits into my old account (if applicable) and begin depositing to my new Bank of Advance account.

Direct Deposit Information						
🗆 New	Direct Deposit (Enrollmen	t)	Existing	Direct Deposit (Change Request)		
Deposit Type	PaycheckCD Interest check	□ Social Sec □ or other _	urity check	Retirement check		

ancial Institution Account Number

New Bank of Advance Account Information						
Please direct all deposits to the following Bank of Advance account:						
Bank of Advance Routing Number	Bank of Advance Account Number	Effective Date				
081506523						
I have attached a deposit slip to verify the new account information.						

Acknowledgement				
Thank you for your prompt attention to this matter. If you have any questions about this request, please contact me as soon as possible.				
Employee ID (<i>if required</i>)	Phone Number	Date		
Street Address	City, State	Zip		
Printed Name	Signature			

NOTE: If you already receive Social Security or SSI benefits via Direct Deposit, call 1-800-772-1213 to complete your change request. The Social Security Office is required to talk to the deposit recipient directly.