

CLOSE ACCOUNT

Date

Name of Financial Institution

Address

City, State, ZIP

To Whom It May Concern:

Please close my account _____ (account number) and send a check for the remaining balance to me at the address listed below.

If you have any questions about this request, please contact me during the **DAY** / **EVENING** (circle one) at

(_____) _____ (phone number).

Thank you.

Sincerely,

Signature of at least one direct owner of this account

Name (please print)

Address

City, State, ZIP

CHANGE AUTOMATIC WITHDRAWAL

Date

Name of Company That Makes Automatic Withdrawal

Address

City, State, ZIP

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) for my _____ (what payment is for),
_____ (account or other identifying number), _____ (when) from

the following account:

Old Financial Institution: _____

*Financial Institution Routing Number: _____

Account Number: _____

Please stop making withdrawals from that account and instead make them from:

New Financial Institution: _____ Denison State Bank

*Bank Routing Number: _____ 101108034

Account Number: _____ (please circle) Checking Savings

If you have any questions about this request, please contact me during the **DAY** / **EVENING** (circle one) at

(_____) _____ (phone number).

Thank you.

Sincerely,

Name (please print)

Address

City, State, ZIP

REQUEST MORE INFORMATION



I would like to receive information about the following financial products/services at Denison State Bank:

- Checking accounts
- Savings accounts
- Certificates of Deposit
- Individual Retirement Accounts (IRAs)
- Education Savings Accounts (ESAs)
- Health Savings Accounts (HSAs)
- Consumer loans and home mortgages
- Business loans and services
- Safe deposit boxes
- Discount brokerage services
- Insurance coverage

Your Name (please print): _____

Date: _____

Return to any DSB location.

(Internal: Route to Marketing Department)

CHANGE PAYROLL DIRECT DEPOSIT

Date

Employer/Depositor's Name

Address

City, State, ZIP

To Whom It May Concern:

You are currently depositing **MY ENTIRE PAYCHECK / PART OF MY PAYCHECK** (circle one) to the following account:

Old Financial Institution: _____

*Financial Institution Routing Number: _____

Account Number: _____

Please stop making deposits to that account and instead make them to:

New Financial Institution: Denison State Bank

*Bank Routing Number: 101108034

Account Number: _____ (please circle) Checking Savings

If you have any questions about this request, please contact me during the **DAY / EVENING** (circle one) at

(_____) _____ (phone number).

Thank you.

Sincerely,

Name (please print)

Address

City, State, ZIP

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

*Bank routing numbers are the first nine digits of the series in lower left corner of your checks/deposit slips.