Citizens State Bank

_____
Company Name

_____
Address

_____
City   State   Zip

 DIRECT DEPOSIT REQUEST

RE: Switching My Direct Deposit to a New Account
Attention: Payroll

I have recently changed financial institutions and would like to update my direct deposit. Please discontinue my current deposit and   begin making direct deposit(s) into my new Citizens State Bank of Marysville account.

If you have any questions regarding this request, please contact me by mail or call me at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

_____   _____
Authorized Signature   Date

DIRECT DEPOSIT INFORMATION

NAME	SOCIAL SECURITY NUMBER	EMPLOYEE NUMBER
ADDRESS	CITY	STATE ZIP

PHONE   ○ DAY PHONE ○ EVENING PHONE

PREVIOUS BANK NAME	ROUTING NUMBER	ACCOUNT NUMBER
The Citizens State Bank of Marysville	**101102331**	
NEW BANK NAME	**NEW ROUTING NUMBER**	**NEW ACCOUNT NUMBER**

 If you receive a Social Security or government check, the easiest way to enroll in direct deposit
or switch a direct deposit is to call the number below:
- For Social Security/SSI Checks: 1-800-772-1213
- For Veterans Benefits: 1-800-827-1000
- For Social Security/SSI Checks or other Federal Benefit Payments: **www.godirect.gov**

Citizens State Bank

_____
Company Name

_____
Address

_____
City   State   Zip

> **AUTOMATIC PAYMENT REQUEST**

RE: Changing My Automatic Payment
Attention: Accounts Receivable / Accounting

I have recently changed financial institutions and would like to have my automatic payment with your company changed to my new account. Please discontinue debiting my old bank account and begin making automatic withdrawals from my new Citizens State Bank Marysville account. Please contact me with any questions.

Sincerely,

_____   _____
Authorized Signature   Date

AUTOMATIC PAYMENT INFORMATION

NAME	PHONE ○ DAY PHONE ○ EVENING PHONE		
ADDRESS	CITY	STATE	ZIP
$			
AMOUNT DEBITED (enter payment amount or "amount due")			
PREVIOUS BANK NAME	ROUTING NUMBER	ACCOUNT NUMBER	
$			
PAYMENT OR REASON	DATE OF PAYMENT		
The Citizens State Bank of Marysville	**101102331**		
NEW BANK NAME	**NEW ROUTING NUMBER**	**NEW ACCOUNT NUMBER**	

Citizens State Bank

_____
FI Name

_____
Address

_____
City   State   Zip

 ACCOUNT CLOSING REQUEST

RE: Close My Accounts
Attention: Account Maintenance

This letter is to inform you that I am closing my accounts at your financial institution. Please close the following account(s) listed below and send a check for the remaining balance(s) to my address.

If you have any questions regarding this request, please contact me by mail or call me at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

_____   _____
Authorized Signature   Date

ACCOUNT INFORMATION

NAME

ADDRESS   CITY   STATE   ZIP

PHONE   O DAY PHONE O EVENING PHONE

ACCOUNT #1   ACCOUNT #2

ACCOUNT #3   ACCOUNT #4