



LOCAL PEOPLE. LOCAL DECISIONS. LOCAL BANK.

Switch Kit Check List

Use this checklist to help track which direct deposits and automatic payments have been switched!

Direct Deposits						
Deposit Type	Company	Account #	Address / Phone #	Amount	Date	✓
Payroll						
Payroll						
Social Security						
Pension						
Interest Income						
Other						
Other						

Automatic Payments								
Payment Type	Company	Account #	Address / Phone #	Amount	Date	Auto pay ✓	Bill pay ✓	Debit Card ✓
Mortgage / Rent								
Auto Loan								
Personal Loan								
Auto Insurance								
Home Insurance								
Water								
Gas								
Electricity								
Cable/ Satellite								
Internet								
Telephone								
Cell Phone								
Trash Pickup								
Credit Card								
Credit Card								
Other								
Other								



Direct Deposit Change Request

Please fill out this form and submit to any company or organization that is depositing funds directly into your existing account. Attach with a voided check.

Company Information

Company Name: _____

Date: _____

Address: _____

Phone: _____

City, State, Zip: _____

Individual Information

Name: _____

Date: _____

Address: _____

Phone: _____

City, State, Zip: _____

I have recently changed my banking relationship to Local Bank. I hereby authorize the transfer of my direct deposit account from _____ (account number) at _____ (bank name) to my new account:

Deposit Instructions

Effective: Immediately/ Beginning On: _____

Financial Institution: **Local Bank**

Routing Number: **062104397** (Local Bank)

Account Number: _____

I authorize:

- The above listed entity to initiate deposit of my funds to my Local Bank account
- Local Bank to credit entries to my account
- The notice to remain in effect until I send a notice of change or cancellation

Printed Name _____

Date _____

Signature _____

***Attach a voided check copy**





Automatic Payment Change Request

Please fill out this form for each automatic payment change request.

As a Local Bank customer, you have access to Bill Pay where many automatic payments can be set up directly in Local Banks Bill Pay!

Vendor/ Payee Information

Company Name: _____

Date: _____

Address: _____

Phone: _____

City, State, Zip: _____

Individual Information

Name: _____

Date: _____

Address: _____

Phone: _____

City, State, Zip: _____

Local Bank Account Information

Financial Institution: **Local Bank**

Routing Number: **062104397** (Local Bank)

Account Number: _____

Effective immediately, I authorize the vendor/ payee referenced above and Local Bank to initiate transactions into my Local Bank account. This notice will remain in effect until I send a notice of change or cancelation.

Printed Name

Date

Signature