

PLEASE CHANGE MY DIRECT DEPOSIT ACCOUNT

Use this form to request direct deposits (payroll, retirement or insurance checks) to your Sullivan Bank account. You will need to provide this information to your Human Resources/ Payroll Processing Department, social security or other income source and authorization they might need to initiate the deposit.

(Please Print)

Company Name _____

Company ID Number _____

Effective _____, please stop processing my direct deposit

with _____

(Previous Bank)

Effective _____, please start using my/our new Sullivan Bank account for

processing my payroll direct deposit.

Sullivan Bank

P.O. Box 489 · Sullivan, MO 63080-0489 · (800) 645-3191

Routing Number 081905302

Type of Account (check one) Checking Savings

Account # _____

Signature (Account Owner) _____ Date _____

Name (Print) _____ Daytime Phone _____

Employee ID Number (If Applicable) _____

PLEASE CHANGE MY AUTOMATIC PAYMENT ACCOUNT

Use this form to request a transfer of an automatic payment, (Loan Payment, Insurance, etc.) to your Sullivan Bank account, or to establish a new automatic payment from your Sullivan Bank account. Complete this form for each automatic payment, and allow sufficient time for your first automatic payment to be activated against your new Sullivan Bank account.

(Please Print)

Company Name _____

Company ID Number _____

Effective _____, please stop making withdrawals from

(Previous Bank)

Effective _____, please start making withdrawals from my/our new

Sullivan Bank checking account.

Sullivan Bank

P.O. Box 489 · Sullivan, MO 63080-0489 · (800) 645-3191

Routing Number 081905302

Type of Account (check one) Checking Savings

Account # _____

Signature (Account Owner) _____ Date _____

Name (Print) _____ Daytime Phone _____

PLEASE CLOSE MY ACCOUNT

I request that my account(s) be closed and any remaining funds sent to me. *(Prior to closing your accounts, ask your former bank if there are any fees associated with closing your account. Also, remember to maintain enough funds in your account until your last transaction has cleared.)*

(Please Print)

Date _____

Bank Name _____

Address _____

City _____ State _____ Zip _____

Effective _____, please close the following checking account # _____
and send a check for the remaining balance to the address below.

Please process the request. If you have any questions regarding this request, please contact me.

Account Owner (Print) _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Signature (Account Owner) _____

GET ORGANIZED

This tool is to help you keep track of the any automatic transactions.

List All Companies with Direct Deposits and Automatic Payments.

For reference you will want to have your most recent bank statement. Also, you will want statements/information for utility payments, loan payments, health club memberships, etc. you have set up.

Direct Deposits or Payroll

Company Name	Deposit Amount	Deposit Amount

Automatic Payments

Company Name	Deposit Amount	Deposit Amount

You will want to keep track of activity of your account(s). Before closing an account, be sure all checks, deposits, automatic payments, debit card transactions, ATM withdrawals have cleared. For quick reference, include your account information above.