

Easy Switch *Direct Deposit Authorization Form*

Provide this form to each organization with which you have direct deposit.

Please consider this form my authorization to deposit funds into my 1st Source Bank account as indicated below.

071212128

Routing Number

1st Source Bank Checking Account Number

Employer Name

Employer Street Address

City

State

Zip

Customer Name (please print)

Social Security Number (optional)

Customer Street Address

City

State

Zip

Phone Number

Customer Signature

Date

1st Source Banking Representative

Date