

Easy Switch *Direct Deposit Authorization Form*

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)

Customer Street Address

City

State

Zip

Customer Phone Number

I authorize the Company named above and my bank to automatically deposit my paycheck into the account listed above and to correct any entries made in error. This authorization will remain in effect until the Company has received written notice of termination from me in such time and in such manner as to afford the Company and my bank a reasonably opportunity to act on it.

Customer Signature

Date

CUSTOMER INSTRUCTIONS:

For Social Security, Railroad Retirement, Civil Service Retirement, or other federal agency benefits:

Do not use this form; please contact the appropriate federal agency about the process to switch your direct deposit.

For other employers/companies:

1. Complete this form, print and sign it, and take it to your company/employer to request direct deposit into your 1st Source checking account. If your company/employer requires their own form, you can use the account information above to help complete their form.
2. Monitor your account. For direct deposit, it can take one to two months to process your request and for you to begin receiving direct deposits into your new account.

Easy Switch *Automatic Payment Change Authorization Form*

Please consider this form my authorization to change my existing automatic payment(s) to my 1st Source Bank account indicated below.

Customer Name (please print)

Customer Address

City

State

Zip

Customer Phone Number

Customer Mailing Address (if different from street address)

State

Zip

New Payment Account

071212128

Routing Number

1st Source Bank Checking Account Number

Payee (name of company, e.g. Sears, Electric Company, Etc.)

Account Number at Utility, Retailer or Other Organization

Payee Street Address

City

State

Zip

Previous Bank

Previous Account Number

Effective immediately, I authorize you change my current automatic payments to my new bank account identified in the "New Payment Account" information box above.

Customer Signature

Date

CUSTOMER INSTRUCTIONS:

1. To switch your automatic payments to your 1st Source Checking account, complete this form, print and sign it, and provide it to each company to whom you make automatic payments. If the company requires their own form, you can use the account information above to help complete their form.
2. Ask the company how long it will take to switch your payments and monitor your account to make sure your payments are made timely.



Easy Switch *Close Account Request Form*

Complete this form to close your previous bank account(s).

Previous Bank Information:

Bank/Financial Institution Name

Address

City

State

Zip

To Whom It May Concern:

Please accept this letter as authorization to close account # _____ at your institution and send a check to the address noted below with the remaining balance. If you have any questions, please contact me at _____.

I understand that I will need to verify that all outstanding payments and deposits have cleared before the account is closed. I have already made arrangements to switch any automatic debits I have associated with this account. *Thank you.*

Owner Signature

Printed Name

Date

Joint Owner Signature

Printed Name

Date

Mailing Address:

Name

Address

City

State

Zip