

# Easy Switch *Direct Deposit Authorization Form*

Complete this form for each organization with which you have direct deposit.

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**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

# Easy Switch *Automatic Payment Authorization Form*

Complete this form for each organization with which you make an automatic payment.

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

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Customer Name (please print)

Social Security Number (optional)

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Customer Address

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City

State

Zip

---

Phone Number

---

Customer Mailing Address (if different from street address)

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City

State

Zip

071212128

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Routing Number

1st Source Bank Checking Account Number

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

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Account Number at Utility, Retailer or Other Organization

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Payee Street Address

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City

State

Zip

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Previous Bank

Previous Account Number

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Customer Signature

Date

# Easy Switch Close Account Request Form

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

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## Previous Bank Information:

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Bank/Financial Institution Name

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Address

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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.*

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Owner Signature

Printed Name

Date

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Joint Owner Signature

Printed Name

Date

## Mailing Address:

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Name

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Address

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City

State

Zip