



Bank Iowa®

Your Success. Our Priority.

AUTHORIZATION TO CHANGE MY DIRECT DEPOSIT

Complete a separate form for each automatic deposit.

Name of company initiating direct deposit:

Address of company:

My Name: _____

My Address: _____

My SSN: _____

I plan to close my checking account at:

Account # _____

Effective immediately, I authorize direct deposit to my new checking account at:

Bank Iowa Clarinda

101 N. 15th St.

Clarinda, IA 51632

Phone: 712.542.2121 Fax: 712.542.5155

www.bankiowabanks.com

My new checking account # is: _____

The new routing/ABA # is _____

I have attached a voided check to verify the new account information. I understand it may take the company making the direct deposit up to 30 days to process this request.

Signature: _____

Phone number: _____

Date: _____



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AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

Complete a separate form for each automatic payment.

Name of payee:

Payee address:

My Name: _____

My Address: _____

My SSN: _____

I plan to close my checking account at:

Account # _____

Effective immediately, I authorize payment from my new checking account at:

Bank Iowa Clarinda

101 N. 15th St.

Clarinda, IA 51632

Phone: 712.542.2121 Fax: 712.542.5155

www.bankiowabanks.com

My new checking account # is: _____

The new routing/ABA # is _____

I have attached a voided check to verify the new account information. I understand it may take up to 30 days for the receiver to process this request.

Signature: _____

Phone number: _____

Date: _____



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AUTHORIZATION TO CLOSE ACCOUNT

Previous Financial Institution:

Address: _____

City: _____

State: _____ Zip: _____

This form gives you the authorization to close my account number _____ and forward the balance to us at the address provided. Please make the check payable to BANK IOWA for benefit of (Name):

Your prompt attention to this request is appreciated.

Thank you.

Signature:

_____ Date: _____

Joint signature:

_____ Date: _____

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