

Automatic Payment and Direct Deposit Switch Form

COMPANY NAME

COMPANY ADDRESS

CITY/STATE

ZIP

Re: Switching My Automatic Payments/Direct Deposits

I have recently changed banks and would like to have my transactions with your company changed to my new account. Please discontinue transactions from my old account and begin using my new Citizens Independent Bank account.

If you have any questions regarding this request, please contact me by mail or call me at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

PRIMARY AUTHORIZED SIGNATURE *(Original Signature required to authorize change)*

DATE

SECONDARY AUTHORIZED SIGNATURE *(Original Signature required to authorize change)*

DATE

NAME

PHONE

SOCIAL SECURITY

ADDRESS

CITY/STATE

ZIP

OLD BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER

Citizens Independent Bank

091016566

NEW BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER

**Attach a voided check or deposit slip from your
NEW ACCOUNT AT CITIZENS INDEPENDENT BANK to this page.**