



The Bank of You

Direct Deposit Change Form

Date _____

Employer/Depositor's Name: _____

Address: _____

City, State Zip: _____

To Whom It May Concern

You are currently making direct deposits on my behalf to the account listed below

Financial Institution: _____

Routing #: _____

Account #: _____

Please discontinue direct deposit to the above listed Financial Institution and immediately start direct deposits to my account at:

Illinois State Bank, FSB
15700 W. Bluemound Road
Brookfield, WI 53005
Routing #: 275071356

Account Number: _____ Savings/Checking (circle one)

If you have any questions about this request, please contact me at (_____) _____ phone #.

Thank you,

Sincerely,

Signature: _____

Name: _____

Address: _____

City, State Zip: _____

Employee ID #: _____