



# NORTH SHORE BANK

*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:

**North Shore 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 #: \_\_\_\_\_

Member FDIC