

You can fill out this form by typing your information in the appropriate areas. You can then save the file to print later, or print the form and sign on the appropriate lines. Or if you prefer, print the blank document and fill out the information by hand.

Authorization to Change Direct Deposit

Please deposit my check(s) directly into my North Shore Bank account as indicated below.

Direct deposit account information

Company name

Company address, city, state, zip

Type of deposit

Employer Payroll

Social Security

V.A. Compensation or Pension

Other _____

Supplemental Security Income

Civil Service Retirement

Pension

Customer information

Name

Phone number day/ evening (circle one)

Address, city, state, zip

Employee or Social Security Number

Previous bank account information

Previous bank name

Routing#

Previous bank account #

Checking account

Savings account

New bank account information

North Shore Bank account #

275071356

Routing number

Checking account

Savings account

Customer signature

date

Please attach a voided check here.



Routing Number

Account Number

Authorization to Change Automatic Payment

Please update my existing authorization for payment. I have opened a new deposit account at North Shore Bank and I would like to establish automatic payments from this account.

Company/merchant information

Name of company _____ Account number _____

Company address, city, state, zip _____

Previous bank account information

Previous bank name _____ Routing# _____ Previous bank account # _____

Checking account

Savings account

New bank account information

North Shore Bank _____ 275071356 _____
New bank name _____ New routing# _____ New bank account # _____

Checking account

Savings account

Customer information

Customer name (please print) _____ Phone number day/ evening (circle one) _____

Address, city, state, zip _____

Customer signature _____ Date _____

Please attach a voided check here.



Routing Number

Account Number

Please Close My Account

Please close the following and send a check for the remaining balance to the address below.
If you have any questions about this request, please contact me at the number below.

Closed account bank information

Bank name Bank account #

Checking account

Savings account

Customer information

Name Phone number day/ evening (circle one)

Co-signer Name (if applicable)

Address, city, state, zip

Sincerely,

Signature Date

Co-signer Signature (if applicable) Date