

Authorization to change direct deposit

Complete this form for each employer/organization with whom you have arranged for direct deposit.

Company Name	
Address	
City/State/Zip	

Currently you are automatically depositing my paycheck/payments to the following account(s):

Existing Bank Name	Account Number	Routing Number

Please begin depositing my paycheck/payment into my new Commercial State Bank account(s) effective as of date noted:

Account Type	Account Number	Routing Number	Effective Date	Allocation %
		104103900		
		104103900		
		104103900		

Please accept this notification which authorizes you to begin making automatic deposits to my new Commercial State Bank account(s) pursuant to the above. If this is not sufficient authorization, please contact me.

I have attached a voided check or deposit slip which verifies my new account information (not necessary for savings account(s)).

Name _____

Address _____

City/State/Zip _____

Phone _____

Tax Identification Number (SSN) _____

Wausa
PO Box 179
Wausa NE 68786

Nebraska City Branch
PO Box 40
Nebraska City NE 68410

Elkhorn Branch
1918 North 203 St.
Elkhorn NE 68022

