

Direct Deposit Switch Form

Date:

Employer/:Depositor's Name:

Address:

City: State: Zip:

To Whom It May Concern:

You are currently depositing to the following account:

Old Bank:

Bank Routing Number:

Account Number:

Please stop making deposits to that account and instead make them to:

Financial Institution Name: **CharterBank**

Bank Routing Number: **261170876**

Account Number:

If you have any questions about this request, please contact me during the

at telephone number .

Thank you.

Sincerely,

Signature

Name:

Address:

City: State: Zip:

Other information your employer may need (SSN, Employee ID # , etc.)