



Direct Deposit Switch Form

AUTHORIZATION TO RE-DIRECT MY AUTOMATIC DEPOSIT *(Please print)*

Effective as of _____, 20____, please change my direct deposit.

Account Holder Name: _____

Joint Account Holder Name: _____

I hereby authorize you to begin Direct Deposit to State Bank using my account information below.

Routing number: **074908138** Checking Account: _____

State Bank, 900 E. 56th Street, Brownsburg, IN 46112

Signature: _____

Please complete this for each company, organization or entity with whom you have arranged for Direct Deposits. Additional forms may be copied as needed.

www.StateBank1910.bank



Automatic Payment Switch Form

AUTHORIZATION TO CHANGE MY AUTOMATIC WITHDRAWAL *(Please print)*

Effective as of _____, 20____, please change my automatic withdrawal

From Account #: _____ Bank Name: _____ Routing #: _____

To Account #: _____ Bank Name: **State Bank** Routing #: **074908138**

Bank Address: **900 E. 56th Street, Brownsburg, IN 46112**

Authorized withdrawal (payment) amount: \$ _____

Signature(s): _____

Account Holder Name: _____ Phone: _____

Please complete this for each company, organization or entity with whom you have arranged for Automatic Payments. Additional forms may be copied as needed.

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