



AUTOMATIC DEPOSIT AUTHORIZATION FORM

Type of Automatic Deposit: ☐ Employee Payroll ☐ Investment Income
☐ Pension/Retirement ☐ Other (Specify: _____)

To: _____

Date: _____

To Whom It May Concern:

I hereby authorize direct deposit into my new account at **Owen County State Bank**.
Enclosed is a voided check (or deposit slip) from my new account.

Routing #: 074912865

Account #: _____

Account Type: Savings

Bank Contact: _____

Phone #: _____

Please discontinue the direct deposit to my previous account immediately.

Old Account Information

Bank: _____
Routing #: _____
Account #: _____

If you require further information, or if this letter is *not* sufficient enough to make this change, please contact me at the number below. Thank you for your assistance in this matter.

Sincerely,

X _____
Signature of Account Holder

X _____
Signature of Account Holder

Account Holder Name(s): _____
Street Address: _____
City, State, Zip Code: _____
Contact Phone #: _____
SSN or Employee ID: _____
Your Account #: _____