

AUTHORIZATION TO CHANGE MY DIRECT DEPOSIT

Name of company initiating direct deposit: _____
Address of Company: _____
My Name: _____
My Address: _____
My SSN: _____
I plan to close my checking account at: _____
Account #: _____

Effective immediately, I authorize direct deposit to my new account at:

First Heritage Bank
801 S. Fremont
Shenandoah, IA 51601
Phone: 712-246-5118
Fax: 712-246-3554
www.fhbshen.com

My New Account #: _____
New Routing / ABA #: _____

I have attached a voided check to verify the new account information. I understand it may take the company making the direct deposit up to 30 days to process this request.

Signature: _____
Phone #: _____
Date: _____