



Authorization To Change Direct Deposit

Today's Date _____

I am in the process of closing my Checking / Savings account at:

_____ Old Acct. #: _____
Name of Financial Institution where account is closing (Please print)

Name of Account Holder(s): _____

Social Security #: _____

Please begin Direct Deposit into my new Checking / Savings account effective _____
Month/Day/Year

New Financial Institution: **Minnwest Bank** Routing #: **091915845**

Address: _____
Street Address or P.O. Box

_____ City State Zip Code

New Minnwest Bank account #: _____

I have enclosed a Voided Check to verify the account number.

Signature(s) _____ Phone #: _____

Complete this form for each depositor (employer, Social Security, etc.) with whom you have an arrangement for Direct Deposit. Call your Minnwest Banker for additional forms.



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