

AUTHORIZATION TO CHANGE DIRECT DEPOSIT – GENERAL

Company Name _____

Company Address _____

City/State/ZIP Code _____

At this time, you are depositing my automatic deposit into the following account:

Current Bank _____

Current Bank Routing Number _____

Current Bank Account Number _____

Effective _____, I authorize my automatic deposit to be credited directly to my new bank account at:
(Date)

The Callaway Bank
P.O. Box 10
Fulton, Missouri 65251
Phone: 573.642.3322
Fax: 573.592.6306
www.callawaybank.com

New Bank Routing Number _____
New Bank Account Number _____

If you have any questions, please call me. Thank you.

Name (Please Print)

Signature

Address

Date

City/State/ZIP Code

Telephone

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.



AUTHORIZATION TO CHANGE DIRECT DEPOSIT – EMPLOYER

Company Name _____

Company Address _____

City/State/ZIP Code _____

Employee Name _____

Employee I.D. _____

Employee SSN _____

At this time, you are depositing my automatic deposit into the following account:

Current Bank _____

Current Bank Routing Number _____

Current Bank Account Number _____

Beginning _____, I authorize my paycheck to be deposited
(Date)
directly to my new bank account at:

The Callaway Bank
P.O. Box 10
Fulton, Missouri 65251
Phone: 573.642.3322
Fax: 573.592.6306
www.callawaybank.com



I wish to deposit to my Callaway Bank account (check one):

Entire Net Pay _____% of Net Pay

Specific Dollar Amount \$_____

New Bank Routing Number

New Bank Account Number

I understand that this authorization will remain in effect until the Employer named above has received written notification from me of termination in such time as to afford the Employer and depository a reasonable opportunity to act.

If you have any questions, please call me. Thank you.

Name (Please Print)

Signature

Address

Date

City/State/ZIP Code

Telephone

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.

AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT/WITHDRAWAL

Company Name _____

Company Address _____

City/State/ZIP Code _____

The automatic payment/withdrawal is currently coming from my account at:

Current Bank _____ Amount of Withdrawal _____

Current Bank Routing Number _____ Date of Withdrawal _____

Current Bank Account Number _____ For (payment or reason) _____

Please stop making withdrawals from this account on / / .
MM/DD/YY

Effective _____ (Date) **, I authorize my automatic payment/withdrawal to be made from my new bank account at:**

The Callaway Bank

P.O. Box 10

Fulton, Missouri 65251

Phone: 573.642.3322

Fax: 573.592.6306

www.callawaybank.com

New Bank Routing Number _____

New Bank Account Number _____

If you have any questions, please call me. Thank you.

Name (Please Print) _____ Signature _____

Address _____ Date _____

City/State/ZIP Code _____ Telephone _____

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.



AUTHORIZATION TO CLOSE ACCOUNT

Bank Name _____

Bank Address _____

City/State/ZIP Code _____

**This form serves as a request to close account number _____ .
Please send a check for the remaining balance made payable to
The Callaway Bank for the benefit of (My Name).**

If you have any questions, please call me. Thank you.

Name (Please Print)

Signature

Co-signer Name (Please Print)

Co-signer Signature

Address

Date

City/State/ZIP Code

Telephone

Notary – Optional

**ACKNOWLEDGMENT:
STATE OF MISSOURI
COUNTY OF _____ ss:**

On this ____ day of _____, 20____, before me personally appeared _____ to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he/she/they executed the same as free act and deed.

My term expires: _____

(notary public)

(seal)

