

New Account Information

PRIMARY APPLICANT

Customer Name _____

Home Address _____ Rent _____ Own _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Number _____

Work Phone Number _____ Ext _____

E-mail _____

SSN _____ Date of Birth _____

Employer Name _____

Address _____

City _____ State _____ Zip _____

Position _____ Annual Salary _____

Driver License Number _____ State _____

Change Direct Deposit

Date

Employer/Depositor's Name

Address

City, State, Zip

To Whom It May Concern:

You are currently depositing **MY ENTIRE PAYCHECK / PART OF MY PAYCHECK** (circle one) to the following account:

Old Bank: _____

Bank Routing Number: _____

Account Number: _____

Please stop making deposits to that account and instead make them from:

Financial Institution Name: Magnolia State Bank

Bank Routing Number: 061202533

Account Number: _____

If you have any questions about this request, please contact me during the **DAY / EVENING** (circle one) at

(_____) _____ (phone number).

Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip

Other Information Your Employer May Need (SSN, Employee ID#, etc.)

Change Automatic Withdrawal

Date

Name of Company That Makes Automatic Withdrawal

Address

City, State, Zip

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) for my _____ (what payment is for),
_____ (account or other identifying number), _____ (when) from

the following account:

Old Bank: _____

Bank Routing Number: _____

Account Number: _____

Please stop making withdrawals from that account and instead make them from:

Financial Institution Name: Magnolia State Bank _____

Bank Routing Number: 061202533 _____

Account Number: _____

If you have any questions about this request, please contact me during the DAY / EVENING (circle one) at
(_____) _____ (phone number).

Thank you.

Sincerely,

Name (please print)

Address

City, State, Zip

Close Account

Date

Bank's Name

Address

City, State, Zip

To Whom It May Concern:

Please close my account _____ (account number), and send a check for the remaining balance to me at the address listed below.

If you have any questions about this request, please contact me during the DAY / EVENING (circle one) at

(_____) _____ (phone number).

Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip

Co-Signer Signature

Co-Signer Name (please print)