

THE STATE BANK OF FARIBAULT
DIRECT DEPOSIT AUTHORIZATION FORM

Types of Deposit ___ Payroll ___ Pension/Retirement
 ___ Investment Income ___ Other (Please Specify)

To: _____

Date: _____

This letter serves as the authorization to change the account information for automatic deposits in the name of _____, your customer account number _____.
The customer has changed accounts to The State Bank of Faribault and the current account number that you are using will no longer be valid.

The State Bank of Faribault Routing Number: 091900559

Customer New Account Number _____

Checking _____ Savings _____

If you have any questions regarding this matter, or if this letter is NOT sufficient enough to make this change, please contact _____, and remit all correspondence to _____.

Thank you for your assistance in this matter.

Sincerely,

I hereby authorize the change to my account.

Account Holder Signature

Date

Phone Number

Account Holder Signature

Date

Phone Number