

# Please change my direct deposit account

(Please Print) (Payroll, retirement, insurance, etc.)

_____ Company Name
_____ Company ID Number

Effective \_\_\_\_\_, please stop processing my direct deposit with

\_\_\_\_\_  
(Previous Bank)

Effective \_\_\_\_\_, please start using my/our new Bank of Sullivan account for processing my payroll direct deposit.

## NEW BANK

### Bank of Sullivan

P.O. Box 489 · Sullivan, MO 63080

Routing Number 081905302

Type of Account (check one):

Checking       Savings

Account #: \_\_\_\_\_

_____ Signature (Account Owner)	_____ Date
_____ Name (Print)	_____ Daytime Phone
_____ Employee ID Number (If Applicable)	

**Direct this form to your Human Resources/Payroll Processing Department**



**BANK OF SULLIVAN**



1-800-645-3191

Member FDIC