

AUTHORIZATION TO CHANGE MY DIRECT DEPOSIT

Complete a separate form for each direct depositor. You can photocopy this form or download new forms at www.westshorebank.com.



Name of direct depositor: _____ Phone #: _____
[Name of entity depositing to your account – please print]

Direct depositor address: _____
[Address of entity depositing to your account – please print]

I plan to close my checking account at: _____ Account #: _____
[Name of old financial institution]

Account holder name: _____ Social Security #: _____

Effective immediately, I authorize direct deposit to my new checking* account at **West Shore Bank, P.O. Box 627, Ludington, MI 49431-0627**

My new checking account # is: _____ The new routing/transit number is **072408290**.

Amount of credit: Entire net pay Specific amount of \$ _____ Balance of net pay (if crediting more than one account)

I have attached a deposit slip to verify the new account information.

Signature: _____ Daytime phone: _____

**All other direct deposit allocations will remain the same.*

Member FDIC