

AUTHORIZATION TO CLOSE MY CHECKING ACCOUNT



Effective immediately, please close my checking account at: _____
[Name of old financial institution – please print]

Address: _____
[Complete address of old financial institution]

Account #: _____

Account holder name: _____ Social Security #: _____

2nd Account holder name: _____ Social Security #: _____

I (we) have opened a checking account at West Shore Bank. New account #: _____

Please send the remaining funds and a copy of this form to **West Shore Bank, P.O. Box 627, Ludington, MI 49431-0627**

Signature(s): _____

**Examine your NEW checking account statement and make sure all of your automatic payments and direct deposits have switched over to your new account before you submit this form to avoid missed payments.*

Member FDIC

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

AUTHORIZATION TO CHANGE MY FEDERAL GOVERNMENT 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: _____
[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 #: _____

Name of payee (beneficiary): _____ Social Security # of payee: _____

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**.

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

Type of benefit (check one): Social Security SSI Income Railroad Retirement VA Benefit Civil Service

Signature: _____ Daytime phone: _____

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

Member FDIC

AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

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



Name of payee: _____
[Utility, mortgage lender, investment company or other organization you wish to pay automatically from your checking account – please print]

Payee address: _____
[Address of entity auto deducting from 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 automatic payment from 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**.

I have attached a voided check to verify the new account information.

Signature: _____ Daytime phone: _____

Member FDIC

AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

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[Address of entity auto deducting from your account – please print]

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[Name of old financial institution]

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I have attached a voided check to verify the new account information.

Signature: _____ Daytime phone: _____

Member FDIC