



Direct Deposit Form

Complete this form and send it to each company making a Direct Deposit to your account.

Effective Date: _____

Company Name: _____

Account Number: _____

Company Address: _____

To Whom It May Concern:

I recently changed banks and request that my automatic deposit be switched to my new account at **Springfield State Bank**. Please accept this letter as my authorization to initiate debit entries from my account at:

Springfield State Bank
P O Box 231, 125 East Main Street
Springfield, KY 40069
859-336-3939
Bank Routing Number: 083902620

My new account number is: _____ Checking Savings

If you have any questions about this change, please call me at (_____) _____ - _____

Signature: _____

Print Name: _____

Address: _____

