

Automatic Payment Switch Form



Complete and sign
one copy of this
form for each
automatic payment
or direct deposit and
mail them to the
merchants you
currently authorize
to make automatic
payments from or
direct deposits to
your account

This form will notify merchants* that you wish to have your automatic payment or direct deposit transaction redirected to First Trust & Savings Bank. To ensure accuracy please attach a voided check from your new First Trust Account to each Automatic Switch Form that you use (see below).

To:

EMPLOYER/MERCHANT NAME

EMPLOYER/MERCHANT ADDRESS

CITY STATE ZIP

MERCHANT ACCOUNT NUMBER

From:

CUSTOMER NAME

CUSTOMER ADDRESS

CITY STATE ZIP

EMPLOYEE ID NUMBER OR DEPARTMENT

Please redirect my:

DIRECT DEPOSIT AUTOMATIC PAYMENT

To my new First Trust Checking Account Effective:

IMMEDIATELY OR BEGINNING-----

ACCOUNT NUMBER ROUTING NUMBER

SIGNATURE DATE

SOCIAL SECURITY NUMBER

DAYTIME TELEPHONE NUMBER

Staple Voided Check From Your
New First Trust Account Below:

*You should use one form for each merchant. Please make additional copies as needed. You may want to keep your previous account for 1 to 2 months in order to ensure all transfers are complete