BATH STATE BANK

Change Direct Deposit

PO Box 10, Bath, Ind. 47010 765-732-3022 www.BathStateBank.com

If you are a current Bath State Bank customer with a checking and/or savings account, this "Change Direct Deposit Form" is for you.

Effective Date			
Employer/Depositor's Name			
Address			
City	State	Zip	
To Whom It May Concern: You are currently depositing my: to the following account:	Paycheck	Social Security	Other
Financial Institution Name			
Routing Number		Account Number	
Please stop making deposits to the	nat account a	nd <u>instead make</u>	e them to:
Bath State Bank			
Address: PO Box 10, Bath, I	ndiana 47010		
Bath State Bank Routing Nu	ımber: 0749123	02	
Bath State Bank Account N	umber:		
Signature			
Name			
Address			
City	State	Zip	
Other Information your employer may nee	ed (SSN, Employe	ee ID#, etc.)	
For Social Security Direct Deposit, please p	orovide the follov	ving additional infor	mation:
Date of Birth (mm/dd/yyyy)	Social Security Number		
Date			
Name of Company that makes Automatic Withd	rawal		
Address			
City	State	Zip	
Contact Number for Questions:			