



2 Move Your Direct Deposit with this Form

Authorization to Change Direct Deposit (Provide to Payers by Direct Deposit)

To (Payer) _____ On _____ 200____,

I closed my checking account # _____

At _____ (Closing Financial Institution).

Account Holder: _____

Social Security # _____ - _____ - _____

Please establish a Direct Deposit into my new Checking Account # _____
at Bank of Commerce effective date _____ 200_____

I have enclosed a voided check for my new account at the Bank of Commerce.

X Signature:

Complete and provide this form to each company that pays you using Direct Deposit

Please feel free to call Bank of Commerce for any assistance at 704-971-7000