



Direct Deposit Authorization

To: (Company Name)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

From: (Your Name)

NAME: _____
(first) (mi) (last)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COMPANY ACCOUNT NUMBER (if any): _____

DEPOSIT INFORMATION

ACCOUNT TYPE (circle one) Checking Savings

BANK NAME: **Southern Michigan Bank & Trust**

ROUTING/TRANSIT NUMBER: **0724 0228 3**

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

AUTHORIZATION

I authorize _____ (Company Name) and **Southern Michigan Bank & Trust** to automatically deposit funds owed to me into my account listed above. This authorization supersedes any previous authorization, and will remain in effect until I file a new authorization, or until this authorization is revoked by me in writing.

CUSTOMER SIGNATURE: _____ Date: _____



Automatic Payment Authorization

Company NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I am closing the existing account number _____ from which you are currently authorized to receive automatic payments. This notice authorizes you to establish automatic payment deductions to my new Southern Michigan Bank & Trust account as of _____

Account Information

NAME: _____
(first) (mi) (last)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COMPANY ACCOUNT NUMBER: _____

Southern Michigan Bank & Trust Account Information

ACCOUNT TYPE (circle one) Checking Savings

BANK NAME: **Southern Michigan Bank & Trust**

ROUTING/TRANSIT NUMBER: **0724 0228 3**

ACCOUNT NUMBER: _____ (Attach voided check)

CUSTOMER SIGNATURE: _____ DATE: _____

CUSTOMER SIGNATURE: _____ DATE: _____

(joint signer)

Please send your acknowledgement of this notice and change to me at the following address:

Name: _____ Phone Number: _____

Address: _____

Account Closure Request

To: (Financial Institution)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

From: (Customer)

NAME: _____
(first) (mi) (last)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ACCOUNT INFORMATION

ACCOUNT TYPE (circle one) Checking Savings

ACCOUNT NUMBER: _____

AUTHORIZATION

Please close the above indicated account and forward a Cashier's Check payable to me for the balance in the account plus any interest payable through the closing date. Send the check to me at the above address along with a closing statement.

CUSTOMER SIGNATURE: _____ Date: _____

CUSTOMER SIGNATURE: _____ Date: _____
(joint signer)



Electronic Bill Payment Worksheet

Complete this form with information for each bill that you want to pay from your new account. If you have already set up payees on the Bill Payment system of your old account, attach a Payee listing from your old Bill Payment system showing Payee detail information. For assistance stop by any of our branch locations and a New Account Representative will be happy to assist you.

	Payee Name/Address	Payee Phone Number	Payee Account Number	Payment Due Date	Payment Amount	Withdrawal Date	Recurring Payment (Yes or No)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							



Easy Transfer Checklist

Track and monitor the progress of transferring your accounts and transactions to your Southern Michigan Bank & Trust Account. Please be sure all automatic deductions and direct deposit requests have been completed prior to closing your old accounts.

	Company Contacted/Notes	Action Requested	Date of Request	Method of Communication	Date of Completion
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					