



Direct Deposits

Use this form to change your direct deposit to HHSB

Date: _____

To: _____ (Company Name)
_____ (Company Address)
_____ (City, State, ZIP)

Primary Account Holder:
_____ (Name)
_____ (Home Address)
_____ (City, State, ZIP)

NOTE:

Use this form for each direct deposit to be changed.

Contact your employer(s) concerning direct deposit changes. They may require the use of their form.

Please accept this letter as authorization to change the bank account information for my direct deposit in the name of: _____, Effective ____/____/____.

Hoosier Heartland State Bank Account Number: _____

Hoosier Heartland State Bank Routing Number: 074908112

Bank Address: 1400 Darlington Ave. Crawfordsville, IN 47933 Phone: 765-364-6666

Checking

Savings

I am aware that some automatic deposits require advance notice of changes. Please include those notice periods when determining the new effective date.

If available, attached is a voided check from my account.

If you should have any questions regarding this request, please call me at _____.

Thank you for your cooperation.

Sincerely,

(Customer Signature)