



DIRECT DEPOSIT CHANGE NOTICE.

Give this form to your employer to change your direct deposit to your new Independent Bank account.

CONTACT

Name:

Date:

SSN:

Account Number:

Name of company or agent:

Street:

City:

State:

ZIP:

PREVIOUS FINANCIAL INSTITUTION

Name of institution:

Account Number:

Street:

City:

State:

ZIP:

NEW FINANCIAL INSTITUTION | INDEPENDENT BANK

4200 East Beltline Avenue, Grand Rapids, MI 49525 | IndependentBank.com | 800.355.0641

I hereby authorize you to re-direct future automated direct deposits to my new checking account

Effective Date:

Name (print):

Checking Account Number:

Routing Number: **072402652**

Signature:

Date:

QUESTIONS? Visit IndependentBank.com or contact Customer Service 800.355.0641

You may manually or digitally fill out and sign this form. Some institutions may require a hand signature.

