

Discover the Difference

Authorization to change
Direct Deposit



To: _____

I will be closing my deposit account at _____ (Name of Financial Institution)

Account Holder _____ Social Security # _____

Please establish Direct Deposit into my new deposit account effective as of _____ (date)

New Financial Institution: Bank of North Carolina, PO Box 1148, Thomasville, NC 27361 Routing # 053112039

I would like it deposited in the following account:

Checking Savings Account Number _____

I have enclosed a deposit slip to verify the account number.

Signature _____ Day-time Phone Number: _____

Complete a form for every Depositor (employer, Social Security, etc.) with whom you have arrangement for Direct Deposit.

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