



Direct Deposit Authorization Form

Complete this form for all direct deposits (payroll, retirement, interest income, etc.) you need switched to your Napoleon State Bank account.

Company Information

Employer/Company Name:

Company Address:

City:

State:

Zip Code:

Customer Information

Name:

Address:

City:

State:

Zip Code:

Employee ID Number:

Phone Number:

Bank Information

Bank Name: **The Napoleon State Bank**

Routing Number: **074908510**

Account Number:

Account Type:

Checking

Savings

Address: **8912 N US 421 P.O. Box 9**

City: **Napoleon**

State: **IN**

Zip Code: **47034**

I have attached a voided check with this authorization, if applicable.

I authorize the above listed company to automatically deposit my check into my Napoleon State Bank account. I authorize The Napoleon State Bank to credit the funds to my account. Please discontinue my current direct deposits and begin making direct deposits into the account listed above immediately.

Please call me at the phone number listed above with any questions concerning this request.

Thank you,

Signature: _____

Date: _____





Automatic Payment Authorization Form

Complete this form when changing automatic payments or withdrawals from your old account to your Napoleon State Bank account.

Automatic Payment Information

Company Name:		
Company Address:		
City:	State:	Zip Code:
Company Account Number:		
Payment Amount:	Payment Date:	

Customer Information

Name:		
Address:		
City:	State:	Zip Code:
Phone Number:		

Bank Information

Bank Name: The Napoleon State Bank		
Routing Number: 074908510		
Account Number:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Address: 8912 N US 421 P.O. Box 9		
City: Napoleon	State: IN	Zip Code: 47034

I have attached a voided check with this authorization, if applicable.

I authorize the above listed company to automatically initiate payments from my Napoleon State Bank account. I authorize The Napoleon State Bank to debit the funds from my account. Please discontinue my current automatic payments and begin making automatic payments from the account listed above immediately. I am aware that some automatic payments require advance notice of changes.

Please call me at the phone number listed above with any questions concerning this request.

Thank you,

Signature: _____

Date: _____





Account Closing Request Form

Complete this form when closing your old account with another financial institution.

Former Bank Information

Bank Name:

Address:

City:

State:

Zip Code:

Customer Information

Name:

Address:

City:

State:

Zip Code:

Phone Number:

Account Information-Please close the following account(s)

Account Number:

Account Type: Checking Savings Other

Account Number:

Account Type: Checking Savings Other

Account Number:

Account Type: Checking Savings Other

Please accept this letter as my official authorization to close the above accounts at your financial institution.

Send a check with the final account balance to the address listed on file.

Feel free to call me at the phone number listed above with any questions concerning this request.

Thank you,

Signature: _____

Date: _____

