

## **Update Your Direct Deposit**

Once you've opened your new Bank of St. Croix checking account, complete this form and send it to any company or organization who automatically deposits funds into your account (payroll, pension, or dividends).

Company Name	
City , State, ZIP	
To Whom It May Concern: I now have a banking relationship with Bank of S the below account.	t. Croix and would like to redirect my direct deposit into
Name	
Address	
City	State
ZIP	Home Phone
Work Phoneext	Mobile Phone
Shaded area to be completed by Bank of St. Croix	
	286371663
Bank of St. Croix Account Number	Bank of St. Croix Routing Number
I hereby authorize to have my direct deposit swit	ched to my account at Bank of St. Croix.
Signature	Date
*Make copies of this form as needed	

For Social Security Direct Deposits sign up at www.ssa.gov/deposit/or call 1-800-772-1213. If you need assistance please contact your local banker.



## Redirect Your Automatic Payments

Once you have opened your new Bank of St. Croix checking account, complete this form and send to the company(ies) that receive(s) any automatic payments from your previous account. Name \_\_\_\_\_ Address City \_\_\_\_\_State \_\_\_\_\_ ZIP \_\_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ext. \_\_\_\_ Mobile Phone\_\_\_\_ Please Credit My Payments To: **Please Debit My Account** Company Account Number 286371663 Bank of St. Croix Account Number **Bank of St. Croix Routing Number** Company Name / Description Name(s) on the Account By signing below, I authorize the changes in my automatic payment(s) to be debited from my Bank of St. Croix account listed above. Signature Date Signature \_\_\_\_\_ Date \_\_\_\_

\*Make copies of this form as needed



Use This Convenient Checklist To Redirect All Direct Deposits And Automatic Payments To Bank of St. Croix.

	Transfers From Other Bank Accounts
	Court Issued Deposits
	Other Deposits
U	tility Payments
	Utility Bill (Gas and Electric)
	Water
	Telephone Service
	Cellular Phone Service
	Internet Service
	Cable or Satellite TV
	Other
0	ther Payments
	Insurance
	Mortgages
	Auto Loans
	Other Loans
	Account Transfers To Other Bank Accounts
	Court Issued Payments
	Recurring payments made with debit cards / bill payments

**Direct Deposits** 

☐ Government (i.e. Social Security) Deposits

☐ Payroll Direct Deposit

☐ Brokerage Deposits



## **Close Your Present Checking Account**

Once you have opened your new Bank of St. Croix checking account, complete this form and send to your previous checking account provider. This insures that your other checking account will be closed. Be certain to leave enough in the account to cover outstanding checks that you have written on this account.

Name					
Address					
City			State		
ZIP		Home Phone _			
Work Phone	ext	Mobile Phone_			
Please Close My Account			Please Transfer My Checking Balance To:		
			Paula of St. Contin Assessment Name have		
			Bank of St. Croix Account Number		
			286371663		
Name of Previous Financial Institution	Account	t Number to be closed	Bank of St. Croix Routing Number		
I am in the process of transferring my account(s) to Bank of St. Croix. Please consider this an official notice to close my account(s) with you. I understand that I will need to make sure that all my checks and automatic payments have cleared before completely closing my account(s). I have already made arrangements to switch my direct deposit and automatic debits. Please notify me of anything else that you need before closing my account(s) or if I need to fill out any additional forms specific to your institution.					
Signature		Date			
Signature		Date			
*Make copies of this form as needed					