

SIMPLE SWITCH KIT DIRECT DEPOSIT

AUTHORIZATION FOR DIRECT DEPOSIT

To: _____

Please switch my Direct Deposit to Great Western Bank starting:

Date

New Account Number: _____

(attached is a voided check or deposit ticket)

Payment Account \$: _____

Switching from: _____

(name of previous financial institution)

Old Account Number: _____

Account Holder: _____

Social Security Number: _____

Address: _____

(Street Address or PO Box)

City

State

Zip Code

Daytime Phone: _____

Signature: _____

**FILL OUT THIS FORM AND GREAT WESTERN BANK
WILL HANDLE THE REST FOR YOU.**



Great Western Bank[™]
Making Life Great

Member FDIC