

Automatic Deposit Change Request



Use this form to notify your employer (or any other non-government organization that regularly sends a payment to you) that you want the proceeds deposited directly into the Hometown National Bank account specified below. Some companies may require you to complete their own change form. Check with the company to determine their requirements. Attach a deposit ticket when submitting this form.

Company Name: _____
Company Address: _____

To Whom It May Concern:
I recently switched banks and request that my automatic deposit be changed to my new Hometown National Bank account. My information is as follows:

Name on account: _____
Identifying #/Account #
with your company: _____
Address: _____

Phone Number: _____

Please change my automatic deposit to this account: Checking Savings

Hometown National Bank _____
Account # (10 digits):

Hometown National Bank
Routing #: 071902030

Effective: Immediately
On _____

I authorize your company to initiate automatic deposits to my account at Hometown National Bank. I understand that this authorization will remain in effect until revoked by me in writing. If you have any questions, please call me at the number indicated above.

Signature: _____
Date: _____

Automatic Payment Change Request

Use this form to notify companies to have payments automatically deducted from your new Hometown National Bank account specified below. Some companies may require you to complete their own change form. Check with the company to determine their requirements. Be sure to attach a voided check when submitting this form. Submit a separate change request form for each automatic payment.

Company Name: _____

Company Address: _____

To Whom It May Concern:

Please change my automatic payment for the account below to my new Hometown National Bank account. My information is as follows:

Name on account: _____

Identifying #/Account #
with your company: _____

Address: _____

Phone Number: _____

Please change my automatic
payment to this account:

Checking

Savings

Hometown National Bank
Account # (10 digits): _____

Hometown National Bank
Routing #: 071902030

Effective: Immediately
On _____

I authorize your company to initiate automatic payments from my account at Hometown National Bank. I understand that this authorization will remain in effect until revoked by me in writing. If you have any questions, please call me at the number indicated above.

Signature: _____

Date: _____

Notice to Close Account

Use this form to notify your former bank that you are closing your account(s). Be sure that all outstanding checks have cleared and all direct deposits and/or automatic payments have been stopped before closing the account.

Bank Name: _____

Bank Address: _____

To Whom It May Concern:

Please close the bank account(s) noted below.

Effective: Immediately
On _____

Account Number: _____

Account Number: _____

Account Number: _____

Account Number: _____

Account Number: _____

Please forward all remaining balances to me at the following address:

Address: _____

City/State/Zip: _____

If you have any questions about this request, please contact me at: _____
(Day time phone number)

Signature: _____

Date: _____

Social Security Direct Deposit Enrollment



Use this form to have your Social Security check automatically deposited to your Hometown National Bank checking or savings account via Direct Deposit/ACH (Automated Clearing House).

Name of Payee/Beneficiary: _____

Social Security Number: _____

Telephone Number: _____

Address: _____

Account Information:

Checking Account Number: _____

Savings Account Number: _____

Hometown National Bank Routing
Transit ABA Number: 071902030

Type of Benefit:

- | | |
|-----------------------------------|--------------------------------|
| Social Security | Civil Service Survivor Annuity |
| Supplemental Security Income | Railroad Retirement Annuity |
| Veterans Compensation and Pension | Railroad Unemployment/Sickness |
| Civil Service Retirement Annuity | |

Representative Payee:

Yes No

Branch Use Only:	ACH Use Only:
Completed by: _____	Initials: _____
Branch: _____	
Date: _____	Transmit Date: _____
Telephone: _____	_____