



CHANGE Direct Deposit

Employer or Retirement Contact

Date

Name of Company that makes Automatic Withdrawal

Address

City State Zip

Message

To Whom it May Concern:

You are currently depositing \$ _____
to the following account: (amount)

Previous Financial Institution: _____

Bank Routing Number: _____

Financial Institution Account Number: _____

Please stop making deposits effective _____
to that account and instead send them to: (date)

State Bank, 401 Clinton Street, P.O. Box 467, Defiance, OH 43512

State Bank Routing Number: **041203594**

State Bank Account Number: _____

If you have any questions about this request, please contact me during the

☐ day ☐ evening at _____
(phone number)

Thank you,

Employee or Retiree Information

Signature Date

Name (please print)

Address

City State Zip

Other information your employer
may need (SSN, Employee ID, etc.)

401 Clinton Street | Defiance, OH 43512
P 800.273.5820
YourStateBank.com

