

# Payment / Deposit Switch Form

## To:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Street Address

\_\_\_\_\_  
City State Zip Code

## From:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
ID Number or Department

## Redirect My:

Automatic Payment       Automatic Deposit

to my new Sterling State Bank Checking Account effective:

Immediately or  Beginning: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_  
(month / day / year)

\_\_\_\_\_  
Account Number Routing Number: 091900944

\_\_\_\_\_  
Social Security Number or Tax ID Number

\_\_\_\_\_  
Daytime Phone Number:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Complete this form for each automatic payment you have. Then mail the form to the appropriate company or organization that is responsible for processing your automatic payment.

**Reminder:**  
**A separate form for each request must be completed. Make additional copies, if necessary. Thank you.**

*Built on Service*

