



Make the change reminders:

1) Change online bill payments-

If you are currently enrolled in an online bill payment program with your previous financial institution, set up your new online program through Bank of Cushing. Be sure to cancel each payee on the old account and add them to your Bank of Cushing Bill Pay service. Let us help you set up bill pay with Bank of Cushing or let us know if you have questions, we are here to help!

2) Complete the Direct Deposit Change Request

A. Institution Name: _____ Date Mailed: _____

3) Automatic Payments Change Requests

A. Institution Name: _____ Date Mailed: _____

B. Institution Name: _____ Date Mailed: _____

C. Institution Name: _____ Date Mailed: _____

4) Account Closure Request

A. Date mailed to previous institution: _____

5) Keep a copy of the forms for your records.

Do not forget to destroy your old checks, deposit tickets, and debit cards or ATM cards.



Change Direct Deposit

Employer or Company: _____

Address: _____

City, State, Zip: _____

To whom it may concern,

I am changing my financial Institution and need to direct all future deposits to my new account at Bank of Cushing:

Routing Number: 103103817

Account Number: _____

Please establish the new direct deposit account by ____/____/20__.

Please contact me with any questions or if this form is not sufficient information to make this change.

Thank you for your prompt assistance in this matter.

Sincerely

Signature

Date

Bank of Cushing account holder

Account Holder Name: _____

Address: _____

City, State, Zip: _____

Phone: ____ - ____ - ____



Change Automatic Payment

Attn: Billing Department

Billing Company: _____

Address: _____

City, State, Zip: _____

To whom it may concern,

I have recently changed my financial institution and need to change the account number where my payments are taken from. I hereby authorize you to direct all future payments from the following account:

Bank of Cushing

Routing Number: 103103817

Account Number: _____

Please make this change by _____ / _____ / 20

Please contact me to verify my identity and for any further questions. If this is not sufficient to make this change, please contact me and send me the necessary forms.

Sincerely,

Account Holder Signature

Date

Account Holder Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ - _____ - _____



Close Account

Institution: _____

Address: _____

City, State, Zip: _____

To whom it may concern,

I hereby authorize the closure of the following account, effective ____/____/20____

Primary Account Holder Name: _____

Account Number: _____ checking savings

Account Number: _____ checking savings

Account Number: _____ checking savings

Please transfer any remaining balance via check to my home address

If you need further information before closing my account, or to verify this transaction, please contact me and or send the necessary forms.

Sincerely,

Signature of Account Holder

Date

Account Holders Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ - _____ - _____