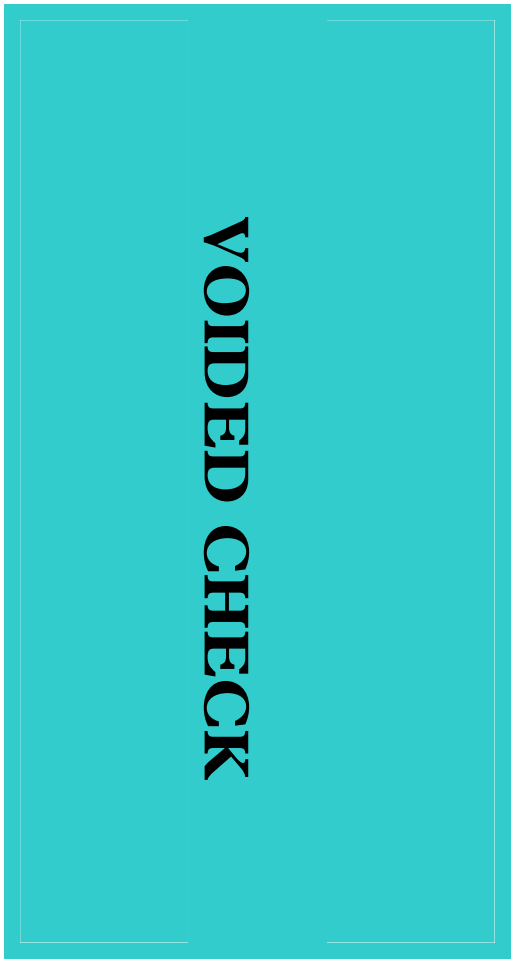
Lisle Savings Bank
HERE YESTERDAY, HERE TOMORROW.

Automatic Payment Switch Form

This form will notify merchants that you wish to have your automatic payment or direct deposit transaction redirected to Lisle Savings Bank. Complete and sign one copy of this form for each automatic payment or direct deposit and mail them to the merchants you currently authorize to make automatic payments from or direct deposit to your account. To ensure accuracy, please attach a voided check from your new Lisle Savings Bank account to each Automatic Payment Switch Form that you use (see below).*

Staple Voided Check From Your New Lisle Savings Bank Account Below:



TO:

_____
EMPLOYER/MERCHANT NAME

_____
EMPLOYER/MERCHANT ADDRESS

_____
CITY STATE ZIP

_____
MERCHANT ACCOUNT NUMBER

FROM:

_____
CUSTOMER NAME

_____
CUSTOMER ADDRESS

_____
CITY STATE ZIP

_____
EMPLOYEE ID NUMBER OR DEPARTMENT

Please redirect my:

☐ Direct Deposit ☐ Automatic Payment

To my new Lisle Savings Bank Checking Account Effective:

☐ Immediately ☐ Or Beginning_____

271972404
Account Number Routing Number

_____
Signature Date

_____
Social Security Number

_____
Daytime Telephone Number

*You should use one form for each merchant. You may want to keep your account open 1 month to ensure all transfers are complete.