



HOME STATE BANK
YOUR BANK FOR LIFE

DIRECT DEPOSIT CHANGE REQUEST FORM – Form 1

☐ Change Request ☐ New Request

COMPANY INFORMATION:

Name Date

Address

City, State, Zip Code Phone

INDIVIDUAL INFORMATION:

Name Date

Address

City, State, Zip Code Phone

I, _____ have closed account number _____ at
_____, and hereby authorize the transfer of my direct
deposit to my new bank, Home State Bank, and submit this letter as written notification.

DEPOSIT INSTRUCTIONS:

Financial Institution: Home State Bank
Routing Number: 073920638 (*Home State Bank*)

☐ Deposit the entire amount into my account number _____

☐ Deposit \$_____ into account number _____ and the remainder
into account number _____.

I, _____ authorize:

- The above-listed entity to initiate the deposit of my funds to my Home State Bank account(s)
- Home State Bank to credit entries to my account
- This notice is to remain in effect until I send written notice of change or cancellation

Signature Printed Name Date



**Attach a voided check to this form*

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