

Direct Deposit

INSTRUCTIONS: Please print this form and complete it. Once completed, please return it to your Employer along with a voided check.

Date: _____

I am in the process of closing my ☐Checking/ ☐Savings account at:

Name of Financial Institution where account is closing

Old Account #: _____

Name of Account Holder(s): _____

Social Security #: _____

Please begin Direct Deposit into my new ☐Checking / ☐Savings account

Effective: _____
Month/Day/Year

New Financial Institution: **MidWestOne Bank**

MidWestOne Bank Routing #: **073901233**

Address: MidWestOne Bank
P.O. Box 1700
Iowa City, IA 52244-1700

New MidWestOne Bank Account # _____

I have enclosed a voided check to verify the account number.

Signature: _____

Printed name: _____

Phone number(s): _____ E-mail: _____

