



Step 1

Open your new German American account(s).

Step 2

If you have any automatic transactions, use the provided check list to gather information and fill out the forms to switch them to German American.

Step 3

Now you are ready to make the switch! Complete the Account Closing Request form to close your old account. Any remaining balance can be transferred to German American.

Automatic Transaction Checklist

Review three to six months of account statements, and gather all your automatic payment and direct deposit information (company name, address, account number, etc.). Use the information you gathered to fill in forms that will help you seamlessly switch your automatic transactions to German American. Here is a list of most common automatic payments and direct deposits:

AUTOMATIC PAYMENTS

- Home Mortgage
- Auto Loans
- Utilities
- Insurance
- Cable/Internet/Phone
- Gym/Club Membership
- Credit Cards
- Investments
- Subscriptions
- Charity Donations
- Daycare
- Tuition/School
- Other

DIRECT DEPOSITS

- Employee Payroll
- Pension(s)/Retirement
- Social Security
- Dividends
- Investment Income
- Other

HELPFUL PHONE NUMBERS AND WEB SITES

Social Security Administration	(800)772-1213	www.ssa.gov
Office of Personnel Management	(800)878-5707	www.opm.gov
Railroad Retirement Board	(877)772-5772	www.rrb.gov
Department of Veterans Affairs	(877)838-2778/(800)827-1000	www.va.gov



Automatic Payment or Withdrawal Authorization Change Form

Change automatic payments or withdrawals to German American, including loan payments, insurance payments and transfers to brokerage or savings accounts. Use one form for each automatic payment/withdrawal. Or, many companies and agencies make it easy to change your account on their website.

Date:	
Company Making Withdrawal Information	Customer Information
Company Name:	Name:
Address:	Address:
	City State Zip:
City State Zip:	Phone:

Please accept this letter as authorization to change the bank account information for automatic payments or withdrawals for:

Name :	
Account Number Assigned to You/Billing Account Number:	
Payment Type (i.e. Mortgage/Auto/Utilities):	Payment Amount:

I am aware that some automatic payments/withdrawals require advance notice of changes. Please include those notice periods when determining the new effective date. Effective immediately, the new bank information is as follows:

Financial Institution	German American		
Account Number	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other
ABA Routing Number	083904563		
Address	711 Main Street, PO Box 810, Jasper, IN 47547-0810		

Please call me at _____ if you have any questions about this request and send me a written confirmation of when the change will be effective.

Thank you very much.

Sincerely,

Customer Signature _____ Date _____

Attach voided check here:



Direct Deposit Authorization Change Form

Use this form to change your direct deposit(s) to German American (i.e. payroll, dividends and retirement payments). Contact your employer(s) concerning direct deposit changes. Use one form for each direct deposit.

Date:	
Company Making Direct Deposit Information	Customer Information
Company or Employer:	Name:
Address:	Address:
	City State Zip:
City State Zip:	Phone:

Please accept this letter as my request and authorization for direct deposit

Name:
Type of Payment (i.e. Payroll/Dividends/Retirement payment):

Effective immediately, the new financial institution information is:

Name: German American			
Account Number		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Number	083904563		
Address	711 Main Street, PO Box 810, Jasper, IN 47547-0810		

Please call me at _____ if you have any questions about this request and send me a written confirmation of when the change will be effective.

Thank you very much.

Sincerely,

Customer Signature _____ Date _____

Attach voided check here:



Account Closing Request

Please contact your old bank for account closing details and confirm that all payments have been switched successfully.

Date:	
Former Bank Information	Customer Information
Bank Name:	Name:
Address:	Address:
	City State Zip:
City State Zip:	Phone:

Please accept this letter as my request and authorization to close the following account(s).

Name:
Checking Account Number:
Savings Account Number:
Other Account Number:

Please send the final account balance plus accrued interest to my address on record.

Please call me at _____ if you have any questions about this request and send me a written confirmation of when the change will be effective.

Thank you very much.

Sincerely,

Customer Signature _____ Date _____