

SWITCH KIT

Direct Deposit Checklist (Please print and sign as many as you need)

Employer Deposit	Government Deposit	Social Security Deposit	Child Support/Alimony
Brokerage Deposits	CD Interest Deposits	Supplemental Security	Civil Service
Veterans Affairs	Other		

Direct Deposit Change Form with authorization

Please accept this authorization to switch my _____ direct deposit from going to:

Name of Current Financial Institution

To my new account with:

Mutual Savings Association, FSA
P.O. Box 949
100 S. 4th Street
Leavenworth, KS 66048
Phone: 913-682-3491
Routing/ABA #: 301170956

New Account #: _____
(your Personal Banker will provide your new account #)

Client Name

Street Address

City

State

Zip Code

Daytime Telephone Number

Please redirect my deposits to my new account at Mutual Savings Association, FSA effective immediately.

Client Signature

Date

Client Signature

Date

Please bring this signed form along with current Drivers License and Social Security Number for all owners included on your new MSA account.