

Form A

Payroll Direct Deposit Change Request (please print)



Date _____ Employer Name _____ Employee Identification Number _____
 Address _____ City _____ State _____ Zip _____
 Your Name _____ *Effective immediately, the new information for my payroll/direct is as follows:*
Oconee State Bank (Routing # 061113282): Account # _____
 Checking Saving Other _____ For questions, please contact me at _____
 Signature _____ Name (please print) _____
 Address _____ City _____ State _____ Zip _____

Please return this portion of the form to employer with a recent paystub.



Form B

Automatic Withdrawal Change Request (please print)

Date _____ Company Name _____
 Address _____ City _____ State _____ Zip _____
 Your Name _____ *Please automatically debit my Oconee State Bank account with the following payment:*
 Company Account # _____ Auto Debit Payment Amount \$ _____
Oconee State Bank (Routing # 061113282): Account # _____ For questions, please contact me at _____
 Signature _____ Name (please print) _____
 Address _____ City _____ State _____ Zip _____

Please mail this portion of the form to service provider with a copy of your most recent bill.



Form C

Close Account Request (please print)

Date _____ Financial Institution Name _____ Account # _____
 Address _____ City _____ State _____ Zip _____
Effective (date) _____, please close the account listed above and send a check for the remaining balance to the address below:
Oconee State Bank (Routing # 061113282): Account # _____
 Address _____ City _____ State _____ Zip _____
 Signature _____ Name (please print) _____
 For questions, please contact me at _____

Please mail this portion of the form to your former bank. Please remember to leave sufficient funds for all outstanding checks and payments.