

121 S. State Street
P.O. Box 381
Denver, IA 50622



PH (319) 984-5635
FAX (319) 984-6123
www.bankdsb.com

ATTENTION: BILLING DEPARTMENT

Name of company that receives payment: _____
Amount of Payment: \$ _____
Address of company: _____
City: _____ State: _____ Zip Code: _____

My name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (H) _____ (C) _____

I recently changed banks and wish to have my automatic withdrawal taken from my new **Denver Savings Bank** account.

Please change my automatic withdrawal from:

Old financial institution name: _____
Account number: _____
Routing number: _____



ROUTING NUMBER ACCOUNT NUMBER

*To my **new** account:*

Denver Savings Bank account number: _____
Denver Savings Bank routing number: 073912837

Effective: Immediately On ___/___/___

I hereby authorize Denver Savings to change my automatic withdrawal. If you have any questions, please contact me at the number(s) listed above.

▶ Signature _____ ▶ Date _____

▶ Signature _____ ▶ Date _____

(PRINT 1 FORM PER AUTOMATIC WITHDRAWAL)

