



Easy Switch

DIRECT DEPOSIT CHANGE FORM

Please print this form, fill out, and return to your employer to initiate direct deposit services with SUPERIOR NATIONAL BANK.

EMPLOYEE NAME _____

ADDRESS (street address and PO Box) _____

CITY _____

STATE _____

ZIP _____

EMPLOYEE or ID NUMBER _____

I authorize my direct deposit to be changed from my current account number _____ at my previous banking institution _____ (fill in name of banking institution) to my new **SUPERIOR NATIONAL BANK & TRUST CO.** account as listed below:

CHECKING ACCOUNT # _____

AMOUNT or % FOR DEPOSIT _____

SAVINGS ACCOUNT # _____

AMOUNT or % FOR DEPOSIT _____

EFFECTIVE DATE _____

SNB ROUTING NUMBER **091101879**

The Undersigned directs the transaction stated above,

Signature _____

Date _____

Signature _____

Date _____

Please attach a voided check, if required. DO NOT attach a deposit slip.