



This form allows you to close your account at another institution and have the funds sent directly to your new Sauk Valley Bank account.

Please fill out this form, print it, and bring it to one of Sauk Valley Bank's locations so we can help you make a smooth transition.

## AUTHORIZATION TO CLOSE ACCOUNT

On \_\_\_\_\_ please close my account  
(MM/DD/YYYY)

Type of account you are closing:  
\_\_\_\_\_ Checking \_\_\_\_\_ Savings

At: \_\_\_\_\_  
(Name of Financial Institution where account is closing)

Financial Institution Address: \_\_\_\_\_ Old Acct #: \_\_\_\_\_  
(Where account is closing) (Street Address or PO Box)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of account holder: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Second Account holder: \_\_\_\_\_ Social Security #: \_\_\_\_\_

On the closing date (above), please send remaining funds to:

\_\_\_\_\_ 201 W 3<sup>rd</sup> St. Sterling, IL 61081  
(815) 626-5996

\_\_\_\_\_ 904 1<sup>st</sup> Ave Rock Falls, IL 61071  
(815) 632-4747

\_\_\_\_\_ 3319 E Lincolnway Sterling, IL 61081  
(815) 626-5996

\_\_\_\_\_ 300 Walton Drive Dixon, IL 61021  
(815) 284-2010

\_\_\_\_\_ 2403 N Locust St. Sterling, IL 61081  
(815) 626-5996

\_\_\_\_\_ 360 S Division St, Ste 8 Harvard, IL 60033  
(815) 887-5133

New Account # \_\_\_\_\_  
(Provide only if funds are going to Sauk Valley Bank)

**Signature (s)** \_\_\_\_\_  
\_\_\_\_\_





This form allows you to change your Direct Deposit so it will be redirected to your new account at Sauk Valley Bank. Please be sure to include a voided check with each Direct Deposit change.

Please fill out this form, print it, and bring it to one of Sauk Valley Bank's locations so we can help you make a smooth transition.

## AUTHORIZATION TO CHANGE DIRECT DEPOSIT

Today's Date \_\_\_\_\_  
(MM/DD/YYYY)

I am in the process of closing my:  
\_\_\_\_\_ Checking      \_\_\_\_\_ Savings

At: \_\_\_\_\_  
(Name of Financial Institution where account is closing)

Old account #: \_\_\_\_\_

Name of account holder: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Second Account holder: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Please begin Direct Deposit into my new: \_\_\_\_\_ Checking \_\_\_\_\_ Savings      Effective as of: \_\_\_\_\_  
(MM/DD/YYYY)

New Financial Institution: Sauk Valley Bank, Routing Number #071125891

Address- please check one :

\_\_\_\_\_ 201 W 3<sup>rd</sup> St. Sterling, IL 61081  
(815) 626-5996

\_\_\_\_\_ 904 1<sup>st</sup> Ave Rock Falls, IL 61071  
(815) 632-4747

\_\_\_\_\_ 3319 E Lincolnway Sterling, IL 61081  
(815) 626-5996

\_\_\_\_\_ 300 Walton Drive Dixon, IL 61021  
(815) 284-2010

\_\_\_\_\_ 2403 N Locust St. Sterling, IL 61081  
(815) 626-5996

\_\_\_\_\_ 360 S Division St, Ste 8 Harvard, IL 60033  
(815) 887-5133

New Account # \_\_\_\_\_

**\*\*I have included a voided check to verify the account number.**

**Signature (s)** \_\_\_\_\_  
\_\_\_\_\_





This form allows you to change the status of Automatic Payments so they can be taken out of your new Sauk Valley Bank account. Please print one form for each automatic payment.

Please fill out this form, print it, and bring it to one of Sauk Valley Bank's locations so we can help you make a smooth transition.

## AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

Today's Date \_\_\_\_\_  
(MM/DD/YYYY)

I am in the process of closing my:  
\_\_\_\_\_ Checking \_\_\_\_\_ Savings

At: \_\_\_\_\_  
(Name of Financial Institution where account is closing)

Old account #: \_\_\_\_\_

Name of account holder: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Second Account holder: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I hereby authorize Automatic Payment from my new \_\_\_\_\_ Checking \_\_\_\_\_ Savings  
Effective as of: \_\_\_\_\_ (MM/DD/YYYY)

Payment to: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Payment Amount \$: \_\_\_\_\_ Frequency: \_\_\_\_\_

New Financial Institution: Sauk Valley Bank, Routing Number #071125891

Address- please check one :

\_\_\_\_\_ 201 W 3<sup>rd</sup> St. Sterling, IL 61081  
(815) 626-5996

\_\_\_\_\_ 904 1<sup>st</sup> Ave Rock Falls, IL 61071  
(815) 632-4747

\_\_\_\_\_ 3319 E Lincolnway Sterling, IL 61081  
(815) 626-5996

\_\_\_\_\_ 300 Walton Drive Dixon, IL 61021  
(815) 284-2010

\_\_\_\_\_ 2403 N Locust St. Sterling, IL 61081  
(815) 626-5996

\_\_\_\_\_ 360 S Division St, Ste 8 Harvard, IL 60033  
(815) 887-5133

New Account #  
\_\_\_\_\_

**\*\*I have included a voided check to verify the account number.**

**Signature (s)** \_\_\_\_\_  
\_\_\_\_\_



Complete this form for each company or organization with whom you have an arrangement for Automatic Payment.

