

Switch to Bank of Luxemburg. It's Easy!

Complete this form to notify your employer (or any other organization that regularly sends a payment to you) that you want the proceeds deposited into the Bank of Luxemburg account specified below.

Important: Please do not close the account at your former bank until you have verified automatic payment has been made into your new Bank of Luxemburg account.

Authorization for Direct Deposit

Employer/Organization Name					
Employer/Organization Address	5	City #	State	Zip	
Name of Previous Bank		Account Number			
I hereby authoriz	e (company/organization	name)	e)to initiate credit		
		•	•	•	
Bank of Luxemburg		Checking .	Checking Account Savings Account		
Bank Name	#	Account Type	_		
<u>075905910</u> Routing Number	Account Number	Amount to Deposit (if n	needed)		
Primary Signature		 Date			
Secondary Signature (optional)		Date			