



Switch to Bank of Luxembourg.

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 Luxembourg 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 Luxembourg account.

Authorization for Direct Deposit

_____ Employer/Organization Name			
_____ Employer/Organization Address	_____ City	_____ State	_____ Zip
_____ Name of Previous Bank	# _____ Account Number		

I hereby authorize (company/organization name) _____ to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and the depository institution named below to credit and/or debit the same to such account.

_____ Primary Signature	_____ Date
_____ Secondary Signature (optional)	_____ Date

New Primary Account

Bank of Luxembourg Bank Name	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Account Type
075905910 # _____ Routing Number Account Number	\$ _____ Amount to Deposit (if needed)

If required, this account information has been verified as an active account at Bank of Luxembourg.

_____ Signature of Bank of Luxembourg Employee	_____ Date
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