

Please Close My Account

Previous Bank Name

Address Line 1

Address Line 2

Customer Name

Previous Account #

Customer Address Line 1

Customer Address Line 2

Phone

I hereby authorize and instruct you (the previous bank named herein) to close my depository account and send the total remaining balance to Belmont Bank & Trust to credit my Belmont Bank account as shown below. I have notified all parties authorized to draw against this account to cease doing so.

Belmont Bank Account #

Signature

Joint Owner Signature

Date

Routing # **071026576**

Belmont Bank & Trust
8250 West Belmont Avenue
Chicago, IL 60634



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Note: Please include new Belmont Bank account number on remittance.



Automatic Payment Change Form

Customer Name

Customer Address Line 1

Customer Address Line 2

Company making automatic transfer

Address Line 1

Address Line 2

Amount

For

Account/Policy Number

The within named individual(s) has opened a checking account with Belmont Bank & Trust.

Effective ___/___/___ all payments for the previously mentioned account or policy at your organization should be automatically debited from the account shown below.

Belmont Bank Account #

Signature

Date

Customer Contact Phone

Routing # **071026576**

Belmont Bank & Trust
8250 West Belmont Avenue
Chicago, IL 60634



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Payroll Direct Deposit Change Form

Name

Employer

Social Security Number

Employee Address Line 1

Employee Address Line 2

City

State

ZIP

*Note: To change your Social Security direct deposit please call:
1-800-772-1213 or 1-800-325-0778 (TTY).*

I hereby authorize my employer named herein to deposit my net paycheck or other periodic payment in the checking account listed below. This request is to remain in effect until changed by me in writing. My employer may also debit or credit the account outside of set payroll periods to make adjustments directly related to my payroll and withholdings for benefits.

Belmont Bank Account #

Signature

Date

Routing # **071026576**

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Chicago, IL 60634



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