



Direct Deposit Request Form

Please fill out this request form and attach a *voided check* from your new Kitsap Bank account and submit it to each vendor with whom you have direct deposit. You will need a separate form for each vendor.

To (Company Name) _____

Company Address _____

City _____ State _____ Zip _____

From (Name) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Social Security Number _____

Company/Utility Account Number _____

RE: Change of Direct Deposit Routing

To Human Resources/Account Department:

Please discontinue sending my automatic Direct Deposit to account:

Account Number _____

Financial Institution _____

Please begin sending the same deposit to:

Kitsap Bank
PO Box 9
Port Orchard, WA 98366

Deposit Instructions

Deposit entire amount to my Kitsap Bank account:

Routing Number **125102906**

Account Number _____

I authorize:

- The listed entity to change the future deposit of my funds to my Kitsap Bank account.
- Kitsap Bank to credit entries to my account.
- This authorization is to remain in effect until I send written notice of change and cancellation.

Signature _____ Date _____

Original Signature Required