



ACH Withdrawal / Payment (Preauthorized) Financial Institution Information Update

I am submitting this letter as a written notification of my intent to switch my automatic withdrawal/payment from my existing bank account to my new account with Republic Bank & Trust. Please initiate this request as soon as possible.

Company Information:

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Customer Account Number with Vendor: _____

Customer Information:

Customer Name: _____

Social Security Number: _____

Customer Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Existing ACH Withdrawal Account

Financial Institution: _____

Financial Institution Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

ABA Routing #: _____

Account #: _____ Acct Type: Checking _____ Savings _____

Amount: _____

New ACH Withdrawal Account

Financial Institution: Republic Bank & Trust

Financial Institution Address: P.O. Box 5369

City: Norman State: OK Zip Code: 73070

Phone Number: 405-360-5369

ABA Routing #: 103003467

Account #: _____ Acct Type: Checking _____ Savings _____

Amount: _____

Customer Signature: _____

Date: _____



Direct Deposit
Authorization to Change Financial Institution Information

I am submitting this letter as a written notification of my intent to switch my direct deposit from my existing bank account to my new account with Republic Bank & Trust. Please initiate this request as soon as possible.

Company Information:

Company Name:
Company Address:
City: State: Zip Code:
Phone Number:

Customer Information:

Customer Name:
Social Security Number:
Customer Address:
City: State: Zip Code:
Phone Number:

Existing Direct Deposit Account (s)

Financial Institution
Financial Institution Address:
City: State: Zip Code:
Phone Number:
ABA Routing #:
Account #: Acct Type: Checking Savings
Account #: Acct Type: Checking Savings

New Direct Deposit Account (s)

Financial Institution Republic Bank & Trust
Financial Institution Address: P.O. Box 5369
City: Norman State: OK Zip Code: 73070
Phone Number: 405-360-5369
ABA Routing #: 103003467
Account #: Acct Type: Checking Savings
Account #: Acct Type: Checking Savings

Customer Signature:

Date: