

AUTHORIZATION TO CHANGE DIRECT DEPOSIT

Complete this form* and send it to any organization that provides a direct deposit into your account. Remember to also send a voided check or deposit slip from your new Alpine Bank account(s). Employer/Depositor's Name: _____ Street Address: City/State/Zip: Work Phone: **New Direct Deposit Information** Type of Deposit Alpine Bank Checking Account Number Alpine Bank's ABA Routing Number: 102103407 I hereby authorize the above organization named to deposit my paycheck or other distribution as indicated above, effective immediately. This request is to remain in effect until changed by me in writing. I agree that any funds erroneously deposited into my account in excess of my authorized amount, or then current salary, may then be withdrawn without liability or prior notice. Authorized Signature: _____ Date: _____ Printed Name: Address: Phone: City/State/Zip: Is your check issued by the U.S. Treasury? You may enroll in direct deposit of all federal benefits payments at your banking center, online at www.godirect.org or by calling 1.800.333.1795. To obtain additional information regarding US Treasury direct deposit go to www.godirect.gov on the agency.

*PLEASE NOTE: Alpine Bank cannot guarantee that these forms will be accepted in every instance. Your old bank, and/or your key financial services partners, may require you to make any or all of these requests in person or by some other method than by mail. Also, they may require more or different information than is contained on the templates that follow.