

# MAKE THE GREAT SWITCH

FOR BUSINESSES



**GREAT NORTH BANK**  
EST. 1891  
FAMILY OWNED ★ PROUDLY INDEPENDENT

Member FDIC

# READY TO START YOUR GREAT ADVENTURE?

- ★ DIRECT DEPOSIT AUTHORIZATION
- ★ AUTHORIZATION TO CHANGE PAYROLL PROCESSING
- ★ DIRECT PAYMENT AUTHORIZATION
- ★ REQUEST TO CLOSE ACCOUNT

QUESTIONS?  
WE'RE HERE TO HELP YOU.

If at any time you have questions or need help... give us a call,  
drop us an email, or stop by anytime.

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Member FDIC

# Direct Deposit Authorization

Change the account for your direct deposit. Please complete and provide this form to the payroll department.

I authorize \_\_\_\_\_ (Company Name)

and the financial institution listed below to initiate electronic credits entries, and if necessary, debit entries and adjustments for any credit entries made in error to my

Checking Account      Savings Account

each payday. This authority will remain in effect until I have canceled in writing in such time and in such manner as to afford the company and financial institution a reasonable opportunity to act on it.

Financial Institution \_\_\_\_\_

Printed Name \_\_\_\_\_

Account Number at Financial Institution \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Transit Routing Number

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Account Number

Please attach voided check for verification.



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# Authorization to Change Payroll Processing

Use this form to notify payroll service of new account information.

Date \_\_\_\_\_

Payroll Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

RE \_\_\_\_\_  
Account Number

## To Whom It May Concern:

You are currently processing my company's payroll.

**Effective** (date) \_\_\_\_\_, please change the processing of our payroll from:

Old Financial Institution \_\_\_\_\_

Old Routing Number \_\_\_\_\_

Old Account Number \_\_\_\_\_

## Change Processing To:

New Great North Bank routing number \_\_\_\_\_

New Great North Bank account number \_\_\_\_\_

Checking Account      Savings Account

If you have any questions please contact \_\_\_\_\_ at \_\_\_\_\_.  
Name      Phone Number

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Authorized Signer Name and Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

Attached is a voided check  
from our new account.



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# Automatic Payments Authorization

I authorize \_\_\_\_\_  
Company Name

to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution three days before my account is charged.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Financial Institution Address

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Transit Routing Number

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Account Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Automatic Payments Authorization

*Retain for your records.*

On (date) \_\_\_\_\_, I authorized

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Phone

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization.

I may revoke my authorization at any time by writing the address above.

\$ \_\_\_\_\_  
Initial Payment Amount

\_\_\_\_\_  
Regular Payment Date



# Request to Close Account

*Make certain all automatic transactions have been switched to your new Great North Bank account.  
Fill out this form for each account you want closed once automatic transactions have been changed  
and all checks have cleared your old account.*

Date \_\_\_\_\_

## To Whom It May Concern:

**Please close my bank account listed below:**

EFFECTIVE IMMEDIATELY

ON \_\_\_\_\_  
Date

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_      Checking      Savings

**Please issue the balance of this account by:**

Official check:

Great North Bank  
Attention \_\_\_\_\_  
(Address)  
(City, State, Zip)

Wire transfer to my Great North Bank account:

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Routing Number

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Account Number

Address of primary account holder listed

If you have any questions please contact me at \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title of Authorized Signer

\_\_\_\_\_  
Account Name

\_\_\_\_\_  
Account Address

