

**River City Bank**  
P.O. Box 1791 Rome, GA 30162  
706-236-2123

**REQUEST TO CLOSE EXISTING ACCOUNT**

Date: \_\_\_\_\_

To (Bank Name): \_\_\_\_\_

From: \_\_\_\_\_

Address: \_\_\_\_\_

Please close the following account(s) with your institution:

Account # \_\_\_\_\_  
 Checking                       Savings                       Money Market  
 Other \_\_\_\_\_

Account # \_\_\_\_\_  
 Checking                       Savings                       Money Market  
 Other \_\_\_\_\_

Account # \_\_\_\_\_  
 Checking                       Savings                       Money Market  
 Other \_\_\_\_\_

Account # \_\_\_\_\_  
 Checking                       Savings                       Money Market  
 Other \_\_\_\_\_

Please send my funds remaining in these accounts to:

- The address listed above
- River City Bank

Attn: \_\_\_\_\_

PO Box 1791

Rome, GA 30162

X \_\_\_\_\_  
Primary Account Holder Signature

X \_\_\_\_\_  
Secondary Account Holder Signature

River City Bank  
P.O. Box 1791 Rome, GA 30162  
706-236-2123

REQUEST TO CANCEL AUTOMATIC WITHDRAWAL

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

To Whom It May Concern:

Please accept this letter as a request to cancel your withdrawal in the amount of  
\$\_\_\_\_\_ from the following account:

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

My Account number with your company: \_\_\_\_\_

Date to cancel: \_\_\_\_\_

If you have any questions about this request, please don't hesitate to call me. Thank you.

Telephone: \_\_\_\_\_ Day/Evening (circle one)

Signature: \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**River City Bank**  
P.O. Box 1791 Rome, GA 30162  
706-236-2123

**AUTOMATIC WITHDRAWAL TRANSFER LETTER**

Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
My Account Number: \_\_\_\_\_

To Whom It May Concern:

I have recently changed my banking relationship. You are currently withdrawing \$ \_\_\_\_\_ from \_\_\_\_\_ (bank name). The account information follows:

Old Bank Account Number: \_\_\_\_\_  
Old Bank Routing Number: \_\_\_\_\_

As of \_\_\_\_\_ (date), please stop making withdrawals from this account and begin using my new account with River City Bank. The account information is listed below:

River City Bank Routing Number: 061120770  
My new account number: \_\_\_\_\_

If you have any questions about this request, please contact me as instructed below.  
Thank you.

Telephone: \_\_\_\_\_ Day/Evening (circle one)

Signature: \_\_\_\_\_

Name (please print) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**River City Bank**  
P.O. Box 1791 Rome, GA 30162  
706-236-2123

**PAYROLL DIRECT DEPOSIT CHANGE REQUEST**

**Please return this completed request to your employer's human resource department for payroll direct deposits.**

Dear \_\_\_\_\_  
(your employer)

I have recently changed banking relationships. I would like you to begin electronically depositing my paychecks into my new **River City Bank** account(s). Below is all the information necessary to make this change.

**Section 1- Direct Deposit Authorization**

Name \_\_\_\_\_  
Employee ID No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Company Name \_\_\_\_\_  
Company Address \_\_\_\_\_

**Section 2 – Deposit Institution - River City Bank**

- Deposit the entire amount of my paycheck into my River City Bank Checking Account.  
Account # \_\_\_\_\_
- Deposit the following from my paycheck into my River City Bank Savings Account  
\$ \_\_\_\_\_ Account #: \_\_\_\_\_  
and place the remaining amount into my River City Bank Checking Account.  
Account # \_\_\_\_\_

River City Bank's ABA Routing Number is 061120770.

**Section 3 – Read and Sign Below**

I hereby authorize:

- The above listed entity to initiate credit or debit (if necessary to correct an error) entries into my River City Bank account for the purpose of electronically depositing my paycheck
- This authorization is to remain in full force and effect until I send a written notice of change or cancellation

X \_\_\_\_\_  
Signature Date