



Thank you for choosing ProGrowth Bank for your financial needs. You are only a few easy steps away from filling out your Direct Deposit Change Request Form. Please read the instructions listed below. If you have questions, please call or visit any of our three locations. Thank you.

1. Print out the Direct Deposit Change Request Instructions and Form.
2. Use blue or black ink when filling out the form.
3. Complete the entire form. Don't forget to sign it.
4. Mail or fax the form to the source(s) of your direct deposit (e.g. your current employer). Do NOT email the form.
5. If faxing, you may use this page as your Fax Transmittal.
6. Keep a copy of the form for your records.
7. We may request additional information or contact you by phone for follow-up information.

FAX TRANSMITTAL

Date: _____

To: _____

Fax#: _____

From: _____

of Pages (including cover sheet): _____

Memo/Delivery Instructions: _____

This facsimile transmission is privileged and confidential and is intended only for the use of the individual or entity to which it is addressed. If the reader of these materials is not the intended recipient, or the employee or agent responsible for delivering such materials to the intended recipient you are hereby notified that any dissemination, distribution or copying of such materials is not authorized by the sender. If you have received this transmission in error, please notify the sender immediately by telephone and return these materials to us at the address shown below via the US Postal Service. Thank you.

Gaylord Office
320 Main Avenue
Gaylord, MN 55334
Phone: 507.237.5535
Fax: 507.237.5197

Mankato Office
PO Box 4429
Mankato, MN 56002-4429
Phone: 507.344.4333
Fax: 507.344.4384

Nicollet Office
703 Third Street,
Nicollet, MN 56074
Phone: 507.232.3488
Fax: 507.232.3978



To: _____

From: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

RE: Change of direct deposit routing

Please discontinue my automatic direct deposit to:

Account # _____ (checking) and/or Account # _____ (savings)
with (financial institution) _____

Please begin sending the same deposit to ProGrowth Bank. ProGrowth Bank's routing information is:

ProGrowth Bank
703 Third Street
Nicollet, MN 56074
Transit/ABA# 091908768

Deposit Instructions:

Deposit entire amount to Checking Account # _____

Deposit \$ _____ to Savings Account # _____

and the remainder to Checking Account # _____

I authorize:

- Above listed entity to initiate deposit of funds to my ProGrowth Bank Checking and/or Savings Account.
- ProGrowth Bank to credit entries to my account(s).
This authorization is to remain in effect until I send written notice of change or cancellation.

Signature: _____ Date: _____

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