

Date: _____ Time: _____

ACCOUNT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
 Social Security Number: - - Old Checking Account Number: _____
 New Checking Account Number: _____

AUTHORIZATION

I Authorize Flagstar Bank to pay:

- All checks drawn on my old account against my new account
- All automatic debits (ACHs) drawn on my old account against my new account
- Checks and/or automatic debits (ACHs) specified below drawn on my old account against my new account

Check Number	Amount	Payable to
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Signature: _____ Date: _____

Signature: _____ Date: _____

IMPORTANT INFORMATION

Once complete and signed, please mail or fax to:

Mail: Item Processing | Mail Stop 4-313 | 301 W. Michigan Avenue | Jackson, MI 49201 **Fax:** (888) 828-6711

BANKING USE ONLY

Manager: _____ Branch: _____ Date: _____