

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: \_\_\_\_\_