



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

BANKING USE ONLY

Manager Branch Date / /