

Payroll Direct Deposit

OlyFed Switch Kit Change Form

To switch the Direct Deposit of your paycheck to Oly Fed, simply complete this form and bring it to your employer's payroll office. You can also take it to your branch or mail it to:

Olympia Federal Savings
P.O. Box 1338
Olympia, WA 98507

We will take care of the rest. We'll contact your employer to change your payroll Direct Deposit to your Oly Fed account.

ACCOUNT INFORMATION

name _____
address _____
city _____ state _____
zip code _____
area code / phone _____
account number _____

PLEASE DEPOSIT TO:

Checking Savings

PAYROLL INFORMATION

employer name _____
address _____
city _____ state _____
zip code _____
payroll contact _____
phone _____

By completing this Authorization for Direct Deposit, I am authorizing the automatic deposit of my payroll or other funds into my account indicated above. This authorization is to remain in effect until the payment originator has received written notification modifying or revoking my authorization. I acknowledge I must allow the payment originator a reasonable opportunity to act on my notification.

Oly Fed Routing Number: 325170822

Payroll Officials: if you have any questions, please call Oly Fed at (360) 754-3400

signature

date



Olympia Federal Savings



Automatic Withdrawal

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_____ name of company that make automatic withdrawals (originating company)

address _____

city _____ state _____

zip code _____

_____ to (originating company)

_____ regarding my account # with you

you are currently debiting my: Checking Savings

account number _____

_____ at financial institution

_____ on date written above, please cancel the above transaction and begin debiting my account at OLYMPIA FEDERAL SAVINGS.

WITHDRAW FROM:

Checking Savings

Oly Fed Routing Number: 325170822

if you have any questions about this request, please contact me at:

area code / phone _____

_____ signature

_____ date

name _____

address _____

city _____ state _____

zip code _____

Account Closure Request

OlyFed Switch Kit Change Form

date

bank name _____

address _____

city _____ state _____

zip code _____

to whom it may concern - please close my account (below):

account number _____

and send a check for the remaining balance to me at the address below.
If you have any questions about this request, please contact me at:

area code / phone _____

sincerely,

signature

name _____

address _____

city _____ state _____

zip code _____

co-signer signature

co-signer signature (please print)

Mail the completed form to your old financial institution.



Olympia Federal Savings

Member
FDIC