

QUICK SWITCH - ACH DIRECT ITEMS

Today's Date _____ Customer Name _____

Independence Bank Account # _____

Credit _____ Debit _____ (check one)

Name (print) _____

Address _____

City, State, Zip _____

Credit _____ Debit _____ (check one)

Name (print) _____

Address _____

City, State, Zip _____

Credit _____ Debit _____ (check one)

Name (print) _____

Address _____

City, State, Zip _____

Credit _____ Debit _____ (check one)

Name (print) _____

Address _____

City, State, Zip _____

Credit _____ Debit _____ (check one)

Name (print) _____

Address _____

City, State, Zip _____

Credit _____ Debit _____ (check one)

Name (print) _____

Address _____

City, State, Zip _____