




Automatic Payment/Deposit Change Form

Use this form to notify merchants to begin debiting or crediting your new Regal Bank account. Use a new form for each merchant and be sure to keep a copy for your records.

	Regal Bank Account Number:	Regal Bank Routing Number: 021214435
Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip:
Social Security Number:	Phone #:	Phone #:
I authorize the redirection of the following automatic payment/deposit to my Regal Bank account noted above.		
Signature:		
<input type="checkbox"/> Automatic Payment		<input type="checkbox"/> Automatic Deposit
Merchant Name:		
Merchant Address:		
Authorized Transaction Amount:		
Effective Date:		


Attach a voided check from your new Regal Bank account to this form



Direct Deposit Payroll Change Form

Provide this form to your Human Resource Department to have your direct deposit payroll sent to Regal Bank. Make additional copies for each company making direct deposits to your bank account.

To change Social Security Direct Deposit payments you must contact Social Security Administration directly at 1-800-772-1213 or online at [Social Security Administration](http://www.socialsecurity.gov). Simply follow the telephone prompt or online directions. You will need your new Regal Bank account number and Regal Bank's routing number.


	Regal Bank Account Number:	Regal Bank Routing Number: 021214435
Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip:
Social Security Number:	Phone #:	Phone #:
I authorize the redirection of my payroll direct deposit to my Regal Bank account.		
Signature:		
Employer Name:		
Employer Phone #:	Employee Identification Number:	
Previous Bank Account Number:	Previous Bank Name:	
Effective Date:		

Attach a voided check from your new Regal Bank account to this form



Request To Close Account

Use this form to notify your old bank to close your accounts. Use a separate form for each applicable account and be sure to keep a copy for your records.

	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Line of Credit	Account Number:
<input type="checkbox"/> Distribution of funds is necessary Please prepare a cashier's check for the balance of the account noted above payable to Regal Bank for the benefit of the following account holders and mail to : <div style="text-align: center;"> Regal Bank 570 West Mt. Pleasant Avenue Livingston, NJ 07039 </div>		
<input type="checkbox"/> No disbursement of funds is necessary		
Primary Account Holder		
Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip:
Social Security Number:	Phone #:	Phone #:
I authorize you to close my account noted above and forward remaining funds to Regal Bank for the further credit to my account.		
Signature:		
Secondary Account Holder		
Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip:
Social Security Number:	Phone #:	Phone #:
I authorize you to close my account noted above and forward remaining funds to Regal Bank for the further credit to my account.		
Signature:		