

**STATE OF NORTH CAROLINA  
JUDICIAL BRANCH OF GOVERNMENT**

**FINANCIAL INSTITUTION CHANGE  
FORM**

County Name

County Code No.

County Phone No.

**CSC CHECKING ACCOUNT**

New Bank Routing Number

Effective Date (the day of the first deposit at the new bank)

New Bank Account Number

Bank EFT Contact And Phone No.

New Bank Name

Bank Address

New Starting Check Number

FMA And Date Notified

**AUTHORIZATION SIGNATURE**

Date

Signature Of Clerk/Head Bookkeeper

**Send to AOC two weeks before proposed change:**

Technology Services Division/FMS Team  
PO Box 2448  
Raleigh, NC 27602  
Courier Box: 56-10-50

Fax: 919-890-1912