FROM:	Department of Natural Resources/Agent Accounting
SUBJECT:	Bank Account Change Request – Please complete the form and return to address shown below.
l would like	e the following information changed for my:
Sale	es Agent ID #
Bar	nk Information:
■ Ban	k Name
■ Ban	k Address
■ Ban	k CityBank State
■ Ban	k Telephone Number ()
<ul><li>Accordance</li></ul>	ount Information:
	Checking
	Savings
	> Bank Account Number
	Transit Routing Number (must be 9 digits)
	Effective Date
<ul><li>Busi</li></ul>	iness Name
	ness City Business County

FAX TO: 608-264-6130

MAIL TO: Wisconsin Dept of Natural Resources

**CS - Agent Accounting** 

PO Box 7924

Madison, WI 53707