

Automatic Payment or Withdrawal Authorization Change Form

Use this form to change your Automatic Payments or Withdrawals to Washington Savings Bank (*e.g. loan payment, insurance payment, transfers to brokerage accounts or savings accounts*).

DATE _____

COMPANY NAME _____

COMPANY ADDRESS _____

CITY, STATE, ZIP _____

From:

NAME _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

Please accept this letter as authorization to change the bank account information for automatic payments or withdrawals in the name of: _____, customer account number: _____, payment type: (*i.e. Mortgage, Auto, Utilities, etc*) _____, approximate amount of transfer _____.

I am aware that some automatic payments or withdrawals require advance notice of changes. Please include those notice periods when determining the new effective date.

Effective immediately, the new bank information is as follows:
Washington Savings Bank Account Number:

Checking Savings CD Money Market (*select one*)
ABA Bank Routing Number: 211374004

If you should have any questions regarding this transaction please call me on my daytime phone number:

_____.

Please send me written confirmation of when the change will be effective. Thank you for your cooperation.

Sincerely,

If available, attached is a voided check from my account.

NOTE: *If there are multiple payments involved please complete a form for each.*