

Direct Deposit Authorization Change Form

Use this form to change your direct deposit to Washington Savings Bank (*payroll, dividends, royalties, etc*)

DATE _____

COMPANY NAME _____

COMPANY ADDRESS _____

CITY, STATE, ZIP _____

Primary Account Holder:

NAME _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

Secondary Account Holder:

NAME _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

Please accept this letter as authorization to change the bank account information for direct deposit in the name of: _____, payment type: (*i.e. Payroll, Pension/Retirement, Investment Income, other-please specify*) _____.

I am aware that some automatic deposits 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:

Bank Address: 30 Middlesex St., Lowell, MA 01852

Checking Savings CD Money Market (*select one*)

ABA Bank Routing Number: 211374004

If available, attached is a voided check from my account. If you should have any questions regarding this change, 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,
