

DIRECT DEPOSIT AUTHORIZATION FORM

NOTE: Check with your employer to make certain no other information or specific form is necessary to complete the change of your direct deposit to your new bank account. If this form is acceptable, attach a preprinted voided check from your new account to this form and provide it to your employer.

Company Name: _____

Company Address: _____

City, State, Zip Code: _____

Please change the account used for Direct Deposit to my new bank account:

Last Name First Name Middle

Address

City State Zip Code

Phone Number (Day)

My New Account Information:

Account Type: Checking Savings

Account Number: _____ Routing Number/ABA # 211370888

I hereby authorize my employer, _____ (company name) to deposit my paychecks directly to my Winchester Savings Bank Account indicated above and to make any necessary adjustments for any credit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Employee Signature

Date