



## Authorization to Change Direct Deposit of Payroll

DATE

ATTN: PAYROLL DEPT.

EMPLOYER NAME

ADDRESS

CITY

STATE

ZIP

### To Whom It May Concern:

This is to inform you of my intent to close the account currently used for the direct deposit of my payroll. Please change the deposit account as follows:

### Old Bank Information:

NAME OF FINANCIAL INSTITUTION

BANK ROUTING NUMBER

CHECKING  SAVINGS

ACCOUNT NUMBER

### New Bank Information:

**Woodsville Guaranty Savings Bank, Routing Number: 211770132**

Checking Acct. Number\*: \_\_\_\_\_  Net Pay  \$/% of Net Pay = \_\_\_\_\_

Savings Acct. Number: \_\_\_\_\_  Net Pay  \$/% of Net Pay = \_\_\_\_\_

\*If requesting deposit to a checking account, attach a voided check to this form, at right.

Effective Date of Change Request: \_\_\_\_\_

If you have any questions in order to complete this request, please contact me at the following telephone number \_\_\_\_\_ days / evenings. (circle one)

SIGNATURE

NAME (PLEASE PRINT)

SOCIAL SECURITY NUMBER

ADDRESS

CITY

STATE

ZIP

Attach voided check here