



## Authorization to Change Automatic Payment/Deposit

DATE

COMPANY NAME

ADDRESS

CITY

STATE

ZIP

REFERENCE ACCOUNT NUMBER

NAME ON ACCOUNT

DEPOSIT/CREDIT

PAYMENT/WITHDRAWAL

FREQ. OF TRANSFER

DATE OF TRANSFER

AMOUNT OF TRANSFER

### **To Whom It May Concern:**

This is to inform you of my intent to close the account currently used for my automatic payment/deposit with your company. Please change my payment/deposit account to reflect my new bank and account information, below.

### **Old Bank Information:**

NAME OF FINANCIAL INSTITUTION

BANK ROUTING NUMBER

ACCOUNT NUMBER

### **New Bank Information:**

Woodsville Guaranty Savings Bank, Routing Number: 211770132

CHECKING  SAVINGS

NEW ACCOUNT NUMBER

EFFECTIVE DATE OF CHANGE REQUEST

SIGNATURE

NAME (PLEASE PRINT)

ADDRESS

CITY

STATE

ZIP