



Automatic Payment & Deposit Inventory

Let us do the paperwork! Use this form to tell us about the companies you have authorized to take electronic payments from - or make automatic deposits to - your old bank account. Provide as much information about each as possible, including address, your account number with the company, payment information, and bank account where transfer is currently directed. Take a look at old bank statements to be sure you've included them all, like Social Security, utility and insurance companies, internet retail and auction sites, etc. Use additional pages if necessary.

Once complete, drop off at one of our offices or mail to the address below, ATTN: Deposit Services. We'll prepare the individual forms for you to sign and take care of the rest!

NAME (PLEASE PRINT)

ADDRESS CITY STATE ZIP DAYTIME PHONE:

PLEASE SWITCH THE FOLLOWING DEPOSITS/PAYMENTS TO MY WGSB ACCOUNT # CHECKING SAVINGS

COMPANY NAME YOUR ACCOUNT # WITH COMPANY

ADDRESS CITY STATE ZIP
 DEPOSIT/CREDIT (IF PAYROLL, CHECK HERE:)
 PAYMENT/WITHDRAWAL

FREQ. OF TRANSFER DATE OF TRANSFER AMOUNT OF TRANSFER

CURRENT TRANSFER BANK NAME BANK ACCOUNT NUMBER ROUTING NUMBER

COMPANY NAME YOUR ACCOUNT # WITH COMPANY

ADDRESS CITY STATE ZIP
 DEPOSIT/CREDIT (IF PAYROLL, CHECK HERE:)
 PAYMENT/WITHDRAWAL

FREQ. OF TRANSFER DATE OF TRANSFER AMOUNT OF TRANSFER

CURRENT TRANSFER BANK NAME BANK ACCOUNT NUMBER ROUTING NUMBER

Automatic Payment & Deposit Inventory-Cont'd



COMPANY NAME		YOUR ACCOUNT # WITH COMPANY		
ADDRESS	CITY	STATE	ZIP	
		<input type="checkbox"/> DEPOSIT/CREDIT (IF PAYROLL, CHECK HERE: <input type="checkbox"/>)		
		<input type="checkbox"/> PAYMENT/WITHDRAWAL		
FREQ. OF TRANSFER	DATE OF TRANSFER	AMOUNT OF TRANSFER		
CURRENT TRANSFER BANK NAME		BANK ACCOUNT NUMBER	ROUTING NUMBER	



COMPANY NAME		YOUR ACCOUNT # WITH COMPANY		
ADDRESS	CITY	STATE	ZIP	
		<input type="checkbox"/> DEPOSIT/CREDIT (IF PAYROLL, CHECK HERE: <input type="checkbox"/>)		
		<input type="checkbox"/> PAYMENT/WITHDRAWAL		
FREQ. OF TRANSFER	DATE OF TRANSFER	AMOUNT OF TRANSFER		
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COMPANY NAME		YOUR ACCOUNT # WITH COMPANY		
ADDRESS	CITY	STATE	ZIP	
		<input type="checkbox"/> DEPOSIT/CREDIT (IF PAYROLL, CHECK HERE: <input type="checkbox"/>)		
		<input type="checkbox"/> PAYMENT/WITHDRAWAL		
FREQ. OF TRANSFER	DATE OF TRANSFER	AMOUNT OF TRANSFER		
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COMPANY NAME		YOUR ACCOUNT # WITH COMPANY		
ADDRESS	CITY	STATE	ZIP	
		<input type="checkbox"/> DEPOSIT/CREDIT (IF PAYROLL, CHECK HERE: <input type="checkbox"/>)		
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