



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 # _____ <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS



COMPANY NAME _____	YOUR ACCOUNT # WITH COMPANY _____
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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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CURRENT TRANSFER BANK NAME _____	BANK ACCOUNT NUMBER _____	ROUTING NUMBER _____
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COMPANY NAME _____	YOUR ACCOUNT # WITH COMPANY _____
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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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CURRENT TRANSFER BANK NAME _____	BANK ACCOUNT NUMBER _____	ROUTING NUMBER _____
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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		
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		
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		
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