



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