



Authorization to Change Automatic Payment/Deposit

DATE			
COMPANY NAME			
ADDRESS	CITY	STATE	ZIP
REFERENCE ACCOUNT NUMBER			
NAME ON ACCOUNT		<input type="checkbox"/> DEPOSIT/CREDIT	<input type="checkbox"/> 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

<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
NEW ACCOUNT NUMBER		
EFFECTIVE DATE OF CHANGE REQUEST		
SIGNATURE	NAME (PLEASE PRINT)	
ADDRESS		
CITY	STATE	ZIP