AUTOMATIC DEPOSIT
AUTHORIZATION FORM

Select Type of Automatic Deposit:

☐ Employee Payroll

☐ Other _____

Automatic Depositor Information

_____

Name

_____

Address

_____

City **State** **Zip Code**

My Information

_____

Name

_____

Address

_____

City **State** **Zip Code**

Date: _____

This letter serves as the authorization to change the account information for automatic deposits in the name of _____, my account number_____. I have changed accounts to Whitaker Bank and the current account number that you are using will no longer be valid.

Effective immediately, my new account information for direct deposit is as follows:

Bank Routing Number: 042104168

New Account Number: _____

I hereby authorize _____to make deposits to my Whitaker Bank Account indicated above.

_____ _____ _____

Account Holder Signature Date Phone

_____ _____ _____

Account Holder Signature Date Phone

*Check with depositor to make sure no other information or forms are necessary to ensure your direct deposit reaches your new bank account.