



AUTOMATIC DEPOSIT AUTHORIZATION FORM

Type of Automatic Deposit: Employee Payroll Pension/Retirement
 Social Security Investment Income
 Other (Please Specify)

To: _____

Date: _____

This letter serves as the authorization to change the account information for automatic deposits in the name of _____, your customer account number _____ . The customer has changed accounts to Swineford National Bank and the current account number that you are using will no longer be valid.

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

Bank Routing Number: 0313 13627
Customer's New Account Number: _____

If you have any questions regarding this matter, or if this letter is NOT sufficient enough to make this change, please contact _____, and remit all correspondence to _____.

Thank you for your assistance in this matter.

Sincerely,

I hereby authorize the change to my account.

Account Holder Signature Date Phone

Account Holder Signature Date Phone