

AUTHORIZATION TO CHANGE DIRECT DEPOSIT

NAME OF DIRECT DEPOSITOR: _____

DIRECT DEPOSITOR PHONE: _____

DIRECT DEPOSITOR ADDRESS: _____

I plan to close my checking account at: _____
(Name of previous bank)

Account Number _____

Account Holder _____

Social Security Number _____

I authorize direct deposit to my new checking account at Walden Savings Bank, effective immediately.

New Checking Account Number _____

New Routing/Transfer Number 2219 - 7131 - 6

I have attached a voided check to verify the new account information.

Signature: _____

Daytime Phone Number: _____

Date: _____