111 CLINTON STREET - WATERTOWN, NY 13601 315.788.7100

Automatic Withdrawal Authorization Change Form

Use this form to switch your automatic withdrawals to Watertown Savings Bank.

Note: If there are multiple accounts involved, please complete a form for each account. If possible, please attach a voided check.

Date:				
Please accept this letter as authori	zation to change the l	bank account information for	automatic withd	rawals for:
Your Name: First	Midd	lle Initial Last		
Your Address:				
City:	State:	Zip:	to Watertown Savings Bank.	
Please provide the name and address: Merchant Name: Merchant Address:				
Watertown Savings Bank ABA Rou				
CHECKING S	SAVINGS	MONEY MARKET	CD	
Watertown Savings Bank Account	Number:		_	
Watertown Savings Bank - 111 Cl	inton Street, Waterto	own, NY 13601 315-788-7	7100	
If you should have any questions regarding this transaction, please contact me at this phone number:				
Sincerely,				
Customer Signature				