



Watertown Savings Bank

AUTOMATIC WITHDRAWAL

Authorization Change Form

Use this form to switch your automatic withdrawals to WSB. **PLEASE NOTE:** If there are multiple accounts involved, please complete a form for each account. Attach a voided check if possible.

Date: _____

Please accept this letter as authorization to change the bank account information regarding automatic withdrawals for:

First Name: _____ Middle Initial: _____ Last Name: _____

Your Address: _____

City: _____ State: _____ Zip: _____ to Watertown Savings Bank.

Watertown Savings Bank ABA Routing Number: **2 2 1 3 7 1 3 5 6**

CHECKING

SAVINGS

MONEY MARKET

CERTIFICATE OF DEPOSIT

Watertown Savings Bank Account Number: _____

Watertown Savings Bank - 111 Clinton Street, Watertown, NY 13601 315-788-7100

If you should have any questions regarding this transaction, please feel free to contact me at: _____

Sincerely,

Customer Signature