



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 authorization to change the bank account information for automatic withdrawals for:

Your Name: First _____ Middle Initial _____ Last _____

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

CD

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 contact me at this phone number: _____

Sincerely,

Customer Signature