AUTOMATIC DEPOSIT & WITHDRAWAL CHECKLIST

	NAME OF COMPANY	ACCOUNT NUMBER
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		





CLOSE ACCOUNT

			Date	
Financial Institution's Name				
Address				
City		State	Zip	
To whom it may concern:				
Please close my account remaining balance to me at the ac please contact me at:			and send a check to questions about	
Phone Number	Best Time to Call			
Thank you.				
Sincerely,				
Signature	Co-Signer	Signature		
Name (please print)	Co-Signer Name (please print)			
Address				
City		State	Zip	





CHANGE AUTOMATIC WITHDRAWAL

		Date			
Name of Company That Makes Automatic Withdra	wals				
Address					
City	State	Zip			
To whom it may concern:					
You are currently withdrawing \$	(amount) for my_				
(what payment is for), from		(account number),			
(when) from the following account:					
Financial Institution Name					
Routing Number	Account Number	☐ CHECKING ☐ SAVINGS			
Please stop making withdrawals from that	t account and instead mak	e them from:			
The Savings Bank					
Financial Institution Name					
211371366					
Routing Number	Account Number	☐ CHECKING ☐ SAVINGS			
If you have any questions about this requ	est, please contact me at:				
Phone Number	Best Time to Call				
Thank you.					
Sincerely,					
Signature	Name (please print)				
Address	City	State Zip			
	\mathbf{C}				

(Make as many copies as needed.)

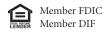
Member FDIC

The Savings Bank

CHANGE DIRECT DEPOSIT

Date		
Zip		
CURITY / OTHER (check one)		
em to:		
ıt:		
Best Time to Call		
Name (please print)		
.1		

Other Information Your Employer/Depositor May Need (Social Security Number, Employee ID Number, etc.)



(Make as many copies as needed.)

