## CHANGE DIRECT DEPOSIT

			Date	
Employer's/Depositor's Name				
Address				
City		State	Zip	
To whom it may concern:				
You are currently depositing my to the following account:	y □ PAYCHECK / □ SO	CIAL SECU	JRITY / □ OTHI	ER (check one)
Financial Institution Name				
Routing Number	Account	Account Number		
Please stop making deposits to The Savings Bank	that account and instead	make then	n to:	
Financial Institution Name				
211371366				
Routing Number	Account	Number		
If you have any questions abou	t this request, please con-	tact me at:		
Phone Number	Best Tim	ne to Call		
Thank you.				
Sincerely,				
Signature	Name (p	lease print)		
Address	City		State	Zip
Other Information Your Employer/Dep	nositor May Need (Social Security	Number Emple	ovee ID Number etc.)	



