

AUTOMATIC DEPOSIT & WITHDRAWAL CHECKLIST

NAME OF COMPANY

ACCOUNT NUMBER

1. <input type="checkbox"/>	_____	_____
2. <input type="checkbox"/>	_____	_____
3. <input type="checkbox"/>	_____	_____
4. <input type="checkbox"/>	_____	_____
5. <input type="checkbox"/>	_____	_____
6. <input type="checkbox"/>	_____	_____
7. <input type="checkbox"/>	_____	_____
8. <input type="checkbox"/>	_____	_____
9. <input type="checkbox"/>	_____	_____
10. <input type="checkbox"/>	_____	_____
11. <input type="checkbox"/>	_____	_____
12. <input type="checkbox"/>	_____	_____
13. <input type="checkbox"/>	_____	_____
14. <input type="checkbox"/>	_____	_____
15. <input type="checkbox"/>	_____	_____
16. <input type="checkbox"/>	_____	_____



Member FDIC
Member DIF

(Make as many copies as needed.)



The Savings Bank
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CLOSE ACCOUNT

Date

Financial Institution's Name

Address

City

State

Zip

To whom it may concern:

Please close my account _____ (account number), and send a check for the remaining balance to me at the address listed below. If you have any questions about this request, please contact me at:

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



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CHANGE AUTOMATIC WITHDRAWAL

Date

Name of Company That Makes Automatic Withdrawals

Address

City

State

Zip

To whom it may concern:

You are currently withdrawing \$ _____ (amount) for my _____

(what payment is for), from _____ (account number),

on _____ (when) from the following account:

Financial Institution Name

Routing Number

Account Number

CHECKING SAVINGS

Please stop making withdrawals from that account and instead make them from:

The Savings Bank

Financial Institution Name

211371366

Routing Number

Account Number

CHECKING SAVINGS

If you have any questions about this request, please contact me at:

Phone Number

Best Time to Call

Thank you.

Sincerely,

Signature

Name (please print)

Address

City

State

Zip



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CHANGE DIRECT DEPOSIT

Date

Employer's/Depositor's Name

Address

City

State

Zip

To whom it may concern:

You are currently depositing my PAYCHECK / SOCIAL SECURITY / OTHER (check one)
to the following account:

Financial Institution Name

Routing Number

Account Number

Please stop making deposits to that account and instead make them to:

The Savings Bank

Financial Institution Name

211371366

Routing Number

Account Number

If you have any questions about this request, please contact me at:

Phone Number

Best Time to Call

Thank you.

Sincerely,

Signature

Name (please print)

Address

City

State

Zip

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



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