

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

Since 1869

www.tsbawake24.com

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



Member FDIC
Member DIF



The Savings Bank

Since 1869

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



Member FDIC
Member DIF

(Make as many copies as needed.)



The Savings Bank

Since 1869

www.tsbawake24.com

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.)



Member FDIC
Member DIF

(Make as many copies as needed.)



The Savings Bank

www.tsbawake24.com