DIRECT DEPOSIT

			Date	
Employer's/Depositor's Name				
Address				
City		State	Zip	
To whom it may concern:				
You are currently depositing me to the following account:	y □ PAYCHECK / □ S	OCIAL SECU	JRITY / 🗆 OTHE	R (check one)
Financial Institution Name				
Routing Number	Accou	Account Number		
Please stop making deposits to The Savings Bank	that account and instea	ad make then	1 to:	
Financial Institution Name				
211371366				
Routing Number	Accou	nt Number		
If you have any questions abou	t this request, please co	ntact me at:		
Phone Number	Best T	Best Time to Call		
Thank you.				
Sincerely,				
Signature	Name	Name (please print)		
Address	City		State	Zip
Other Information Your Employer/Dep	ositor May Need (Social Secur	ity Number, Emplo	oyee ID Number, etc.)	

Member FDIC Member DIF The Savings Bank