

Automatic Deposit Authorization Form

Type of Automatic Deposit: Employee Payroll Pension/Retirement Social Security
Investment Income Other (please specify)

Date _____

To (*company*) _____

Address _____

City, State, Zip _____

I have recently changed banks and will need to have my automatic deposits switched from my old account to my new account with Legacy State Bank. Following is personal information you may need to aid in this process.

Name _____

Address _____

I currently have my automatic deposit going to:

Financial Institution _____

Bank Routing# _____

Bank Account# _____

Please change this to my new account with Legacy State Bank as soon as possible.

Bank Routing # _____ 061120518 _____

Bank Account # _____ 770-554-2265 _____

If additional information is needed in order to complete this change, please contact me at _____

Thank you for your assistance in this matter,

Sincerely, _____

I hereby authorize the change to my account:

Signature of Account Holder _____ Date _____

Attached: Voided check from my new Legacy State Bank Account