

# Change payroll direct deposit

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Employer/Company that makes Direct Deposit

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

## To whom it may concern

You are currently depositing my entire paycheck/part of my paycheck to the following account:

Old Bank \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account \_\_\_\_\_

Amount Frequency \_\_\_\_\_

Please cancel my direct deposit with the bank listed above and begin direct deposit to the bank listed below effective \_\_\_\_\_

### Southbridge Savings Bank

Bank Routing Number 211371735 \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account \_\_\_\_\_

Amount Frequency \_\_\_\_\_

If you have any questions about this request, please contact me during the **day/evening** (circle one) at ( \_\_\_\_\_ ) \_\_\_\_\_

Thank you.  
Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Other information Your Employer May Need (SS#, Employee ID#, etc.)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

**Form may be reproduced for multiple Direct Deposit requests.**

# Change automatic withdrawal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Company that makes Automatic  
Withdrawals/Payments

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

## To whom it may concern

You are currently withdrawing:

(amount) \$ \_\_\_\_\_

(who/what payment is for) for \_\_\_\_\_

(account or identifying number) \_\_\_\_\_

(date) on \_\_\_\_\_

from the following account:

Previous Bank \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Please stop making withdrawals from the account listed  
above and instead make them from the following account:

### Southbridge Savings Bank

Bank Routing Number 211371735 \_\_\_\_\_

Account Number \_\_\_\_\_

If you have any questions about this request,

please contact me during the

**day/evening** (circle one) at ( \_\_\_\_\_ ) \_\_\_\_\_

Thank you.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)\*

\_\_\_\_\_  
Co-Signer Signature

\_\_\_\_\_  
Co-Signer Name (Please Print)\*

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Remember to attach a voided check or deposit slip from your  
new account to this letter.

\*Massachusetts Law requires the signature of all account owners.

Form may be reproduced for multiple Automatic Withdrawal requests.

# Close account

## Withdrawal in full

Please send check with this form to:  
Swift Switch Processing  
Southbridge Savings Bank  
253-257 Main Street  
Southbridge, MA 01550

To (enter name and address of former bank below)

\_\_\_\_\_  
Bank name

\_\_\_\_\_  
Address line 1

\_\_\_\_\_  
Address line 2

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date

## Pay to Southbridge Savings Bank F.B.O.

\_\_\_\_\_  
Please print name of all account owners for former  
bank accounts above

**or order all monies that may have been deposited,  
together with interest that has or may become due  
on account#**

\_\_\_\_\_  
Please list old bank account number above

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Co-Signer Signature\*

\_\_\_\_\_  
Witness Sign Here

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
City, State, Zip

\*Massachusetts Law requires the signature of all account owners.