

This form allows you to change your Direct Deposit so it will be redirected to your new account at Palo Savings Bank. Please be sure to include a voided check with each Direct Deposit change.

DIRECT DEPOSIT AUTHORIZATION FORM

Company Name

Company Address

City

Account Number

Please change the Account used for the Direct Deposit to my new bank account:

Last name

First Name

Middle

Address

City

State

Zip Code

Phone Number (Day)

Social Security #

My New Account Information:

Account Type:

Checking

Savings

Account Number: _____

Routing Number / ABA# 073915193

I hereby authorize _____ (company name) to make deposits to my Palo Savings Bank Account indicated above and to make any necessary adjustments for any credit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Signature _____ Date _____