

Direct Deposit Change Authorization

Complete this form and submit it to any company or organization who is automatically depositing funds to your existing account to authorize a change to your new account.

Name	2 nd Name-Joint (if applicable)	
Address	Address	
City	State	Zip
Home Phone	Work Phone	

Please discontinue sending my automatic deposits to:

Name of Financial Institution:

Please begin sending this deposit to:

Putnam Bank
40 Main St.
PO Box 151
Putnam, CT 06260

Please check one:

- Deposit entire amount to the account listed
Or
 Deposit \$ _____ to account listed

Routing # 211174220	Account #
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I authorize you to initiate deposit of my funds to a Putnam Bank account listed above and that this authorization is to remain in effect until I send written notice of change or cancellation.

Signature: X	Date:
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Automatic Payment Change Authorization

Complete this form and submit it to any company or organization that is automatically withdrawing payments from your current account (loan/mortgage payments, insurance, gym membership). Remember, this could take a few weeks to process.

Name		
Phone		
Address	Address	
City	State	Zip

I currently have my payment automatically withdrawn from:

Name of Financial Institution:

Please transfer this monthly transaction to:

Putnam Bank
 40 Main St.
 PO Box 151
 Putnam, CT 06260

Routing # 211174220	Account #
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I authorize you to redirect future automated payment withdrawals to Putnam Bank.

Signature:	Date:
X	

Authorization to Close

To close out your account(s) at your current bank, please complete an Authorization to Close form and mail the completed form(s) to your current bank for processing.

*Please remember to keep enough funds in the account until your last check has cleared. You can also visit your current bank to close out your accounts.

Previous Bank Name	Name on Account	
Account #	Joint owner (if applicable)	
Customer Address	Customer Address	
City	State	Zip

Please close the following accounts:

- Checking Account Account # _____
- Savings Account Account # _____
- Other Account Account # _____

Please send a check payable to me/us for the remaining balance in the above accounts to the address on file.

Signature:	Date:
X	

Signature:	Date:
X	