Automatic Deposit Authorization Form

Type of Automatic Deposit: _____ Employee Payroll ___ Pension/retirement
_____ Social Security ___Investment Income
_____ Other _____
(Please Specify)

To: _____

_____

Date: _____

This letter serves as the authorization to change the account information for automatic deposits in the name of _____ your customer account number _____. The customer has changed accounts to DeWitt Bank and Trust Company and the current account number that you are using will no longer be valid.

Effective immediately, the new information for direct deposit is as follows:

DeWitt Bank and Trust Company, bank routing number: 082902456
Customer's new account number: _____

If you have any questions regarding this matter, or if this letter is NOT sufficient enough to make this change, please contact _____, and remit all correspondence to:

_____
_____
_____

Thank you for your assistance in this matter.

Sincerely,

I hereby authorize the change to my account.

_____ _____ _____
Account Holder Signature Date Phone

_____ _____ _____
Account Holder Signature Date Phone

DeWitt Bank & Trust Co.