



AUTOMATIC DEPOSIT AUTHORIZATION FORM

To: _____

Date: _____

Type of Automatic Deposit:	
<input type="checkbox"/> Employee Payroll	<input type="checkbox"/> Investment Income
<input type="checkbox"/> Social Security	<input type="checkbox"/> Retirement/Pension
<input type="checkbox"/> Other, Please Specify	

This letter serves as authorization for you to change the customer account information for automatic deposits for account number: _____ in the names of: _____ .

I/we have changed accounts to Orrstown Bank. Effective as of the date of this correspondence, the customer's new account information is:

Account Number: _____

Bank Routing Number: **0313 1503 6**

Thank you,

I hereby authorize the changes noted above to my account.

_____	_____	_____
account holder signature	date	telephone
_____	_____	_____
account holder signature	date	telephone

