

Direct Deposit Change Authorization

Complete this form to change your direct deposit to Ascend Bank.

Date: _____

To (Company): _____

Address: _____

City, State, Zip: _____

Dear (Company) _____:

I have recently changed banks and will need to have my direct deposit switched from my old account to my new Ascend Bank account. Below you will find any personal information you may need to aid in this process.

I currently have my direct deposit going to

Financial Institution Name: _____

Account Number: _____ Routing Number: _____

Please change my direct deposit to my new Ascend Bank account as soon as possible.

Primary Account Holder Name: _____

Ascend Bank Address: One Park Street P.O. Box 369 Guilford CT 06137

Account 1

Account 2

Account Number: _____

Account Number: _____

Type of Account: Checking Savings

Type of Account: Checking Savings

Routing Number: _____

Routing Number: _____

Please deposit the entire amount into Account 1.

Please deposit _____ into Account 1 and the remaining amount into Account 2.

I have attached a voided check from my new Ascend Bank account (if available). If you should have any questions regarding this change, please call me on my daytime phone number:

Sincerely,

Customer Signature: _____

Name: _____

Address: _____

City, State, Zip: _____