



**AUTOMATIC DEPOSIT AUTHORIZATION FORM**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

<b>Type of Automatic Deposit:</b>	
<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, our 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 Co-holder Signature (if jointly owned)	_____ Date	_____ Telephone

