



Direct Deposit Authorization Form

Name(s): _____ Date: _____

Address: _____

Type of Direct Deposit

☐ Employee/Payroll ☐ Social Security ☐ Pension/Retirement ☐ Investment Income

☐ Other (please specify) _____

This letter serves as authorization to **change the account information for direct deposit** in the name(s) of _____, Account Number: _____.

I/We have changed accounts to Village Bank, and the current account number you are using will no longer be valid.

Effective immediately, the **new information** is as follows:

☐ Checking ☐ Savings Routing Number: 051409029 Account Number: _____

If you have any questions regarding this matter, or if this letter is NOT sufficient enough to make this change, please contact _____ at _____.

Thank you for your assistance in this matter. I hereby authorize the change to my account.

ACCOUNT HOLDER	SIGNATURE	DATE	PHONE NUMBER
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