



Direct Deposit Authorization Form

Use this form to authorize receiving automatic deposits to your Watertown Savings Bank account.

Note: If there are multiple accounts involved, please complete a form for each account. Be sure to contact your employer(s) concerning Direct Deposit and please verify that your HR department does not require the use of their forms.

Date: _____

Your Company or Employer's Name: _____

Your Company or Employer's Address: _____

City: _____ State: _____ Zip: _____

Please accept this letter as authorization for direct deposits for:

Your Name: _____

Your Address: _____

City: _____ State: _____ Zip: _____ to Watertown Savings Bank.

Watertown Savings Bank ABA Routing Number: 2 2 1 3 7 1 3 5 6

CHECKING

SAVINGS

MONEY MARKET

CD

Watertown Savings Bank Account Number: _____

Full Deposit Amount

Other _____

Watertown Savings Bank - 111 Clinton Street, Watertown, NY 13601 315-788-7100

If you should have any questions regarding this transaction, please contact me at this phone number: _____

Sincerely,

Customer Signature