Delaware National Bank

LISTENING IS JUST THE BEGINNING.℠

AUTOMATIC DEPOSIT AUTHORIZATION FORM

Type of Automatic Deposit: **____Employee Payroll** **____Pension/Retirement**
____Social Security **____Investment Income**
____Other (Please Specify)

To:

_____

_____

_____

Date:

_____

This letter serves as the authorization to change the account information for automatic deposits in the name of _____, your customer account number _____. The customer has changed accounts to Delaware National Bank and the current account number that you are using will no longer be valid.

Effective immediately, the new information for direct deposit is as follows:

Bank Routing Number: **0311 00461**
Customer's New Account Number: **_____**

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

Thank you for your assistance in this matter.

Sincerely,

I hereby authorize the change to my account.

_____ _____ _____
Account Holder Signature Date Phone

_____ _____ _____
Account Holder Signature Date Phone