



Direct Deposit Change Request



Date

Entity making deposit (Employer, Pension Admin., etc.)

Address

City | State | Zip

*If you have any questions regarding
this request please contact
_____ at
Claremont Savings Bank at 603-542-7711.*

To Whom It May Concern:

Currently, you are depositing my _____ into the following account(s):
type of deposit

Current Bank Information:

Bank Name: _____ Routing Number: _____

Account Number: _____ Account Number: _____

Please start making these automatic deposits into my account(s) at
Claremont Savings Bank (routing number: **211770190**) as noted herewith:

Deposit \$ _____ or _____ % of my _____
type of deposit

into my Claremont Savings Bank **checking account**: _____
checking account number

Deposit \$ _____ or _____ % of my _____
type of deposit

into my Claremont Savings Bank **savings account**: _____
savings account number

Please send confirmation when this change in direct deposit takes effect.

Sincerely,

Your Signature

Printed Name

Address

City | State | Zip