

Direct Deposit Authorization Form

Complete a separate form for each direct deposit.
You may photocopy this form.

You can fill out these online interactive forms and print to make the process easier.

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 Direct Deposit in the name of your employee, _____. Your employee has elected to directly deposit their payroll check with **LowellBank**.

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

Bank Routing Number: 211372064

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

LowellBank
Experience Knowledge Commitment