

Automatic Payment Change Authorization

Complete this form and submit it to any company or organization that is automatically withdrawing payments from your existing checking account such as insurance payments, mortgages or gym memberships. This could take up to two weeks to process.

Information:

Name _____

Address _____

City _____ State _____ Zip _____

Payment Description _____

I currently have my payment automatically withdrawn from:

Name of financial Institution _____

Withdraw these funds from my (check one)

Checking

Savings

Please Transfer this scheduled transaction to:

Westfield Bank

141 Elm Street

Westfield, MA 01085

1-413-568-1911

Routing Number: 211871604 Account Number: _____

I authorize you to redirect future automated withdrawals to Westfield Bank

Signature _____ Date _____

Authorization to Close

To close your accounts at your current bank, please complete this form for each account, making copies of this form as necessary. Mail the completed form(s) to your current bank.

Account to Close:

Financial Institution Name _____

Name on Account _____

2nd Name (if joint) _____

Account # _____

Address _____

City _____ State _____ Zip _____

Please close the following accounts (Check all that apply):

Checking Account # _____

Savings Account # _____

Other Account # _____

Please make a check payable to me/us for the remaining balance in the above described account(s).

Signature _____ Date _____

Direct Deposit Authorization Change

Complete this form and submit it to any company that is automatically depositing funds into your existing checking account.

Information:

Name _____

2nd Name (if joint) _____

Address _____

City _____ State _____ Zip _____

Please discontinue my automatic deposit to:

Check one of the below:

Deposit entire amount to the checking account listed below.

Deposit \$ _____ to the checking account listed below.

Please begin sending this deposit to:

Westfield Bank

141 Elm St.

Westfield. MA 01085

1-413-568-1911

Routing Number: 211871604 Checking Account# _____

I authorize that the above listed entity initiate the deposit of my funds to my Westfield Bank checking account and that this authorization is to remain in effect until I send written notice of change or cancellation.

Signature _____ Date _____