

Direct Deposit Authorization

This serves as notification of a change in my direct deposit information. Effective immediately, you are authorized to establish an electronic deposit into my Kennebunk Savings Bank account.

Type of Direct Deposit:

- Customer Payment Government/Vendor Investment Income
 Other (Please specify) _____

Depositor Information – *The company or organization that issues the electronic deposit.*

Company Name _____

Phone _____

Address _____

City _____

State _____

Zip _____

Recipient Information – *The account into which the electronic deposit is made.*

Account Title/Holder _____

Phone _____

Address _____

City _____

State _____

Zip _____

TAX ID/EIN _____

Bank Account Information

Kennebunk Savings Routing Number: **211274502**

Bank Account Number _____ Checking Savings

Authorization

Authorized Signer _____ Date _____

Authorized Signer _____ Date _____

*Please acknowledge your receipt of this notice by sending confirmation of this change to the RECIPIENT.
Please notify recipient immediately if this form is not sufficient to complete the requested change.*



Kennebunk Savings

800-339-6573 • www.kennebunksavings.com