

# Direct Deposit Transfer Letter

Complete and sign this form for all sources of direct deposit. Give the signed form, along with a voided check from your Thomaston Savings Bank account, to the party making the direct deposit.

- Establish Direct Deposit
- Change Existing Direct Deposit

## Customer Information

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

## Company Information

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

## Bank Information

Thomaston Savings Bank  
203 Main Street  
Thomaston, CT 06787

Routing Number: 2 1 1 1 7 4 2 5 9

## Account Information

Account Number \_\_\_\_\_ Checking or Savings (circle one)

I authorize \_\_\_\_\_ (company name) to make direct deposits directly to my Thomaston Savings Bank account indicated above and authorize the Bank to accept such deposits.

Signature \_\_\_\_\_ Date \_\_\_\_\_

[www.thomastonsavingsbank.com](http://www.thomastonsavingsbank.com)

