



Direct Deposit Change Request

Complete this form to have funds directly deposited to your Northway Bank account!

| Name of account holder for whom deposits are made | | | | Phone number |
|---|-------------|------------------------|--------------|--------------|
| | | | | |
| Street | City | | State | ZIP |
| currently, my automatic deposit is ma | | e of financial institu | We a | |
| | Nam | e oj jinanciai institu | ition | |
| ype of account (please circle one): | Checking | Savings | ☐Money M | 1arket |
| Account Number: | | ABA Routing Number: | | |
| lease have automatic deposits redir | | rthway Bank a | | 1arket |
| Account Number: | | ABA Rou | ting Number: | 011700425 |
| nereby authorize the changes indica | ited above. | | | |
| | | | | Date |