

**CT
Authorization to Change
Direct Deposit**

Company Name

Company Address

City, ST, Zip

Employee Name

Employee Address

City, ST, Zip

Employee/Payroll #

Telephone Number

____ - ____ - _____

I will be closing the account that you are currently making automated deposits to account #: _____
I hereby authorize you to change my direct deposit to my checking or statement savings
account at Webster Bank, 145 Bank Street, Waterbury, CT 06702.

Webster Bank Routing/Transit # **211170101**

Webster Bank Account #

Webster Bank Account Type

Checking

Savings

Date:

Signature:

Please return this form and a voided check from your Webster Bank account, to your Payroll Department.