



Bank of Buffalo

AUTHORIZATION TO CHANGE MY DIRECT DEPOSIT

Please deposit my check(s) directly into my new account as indicated below.



DIRECT DEPOSIT ACCOUNT INFORMATION

Company Name

Company Address, City, State, Zip



TYPE OF DEPOSIT

Employee Payroll

Civil Service Retirement

Social Security

Pension

Supplemental Security Income

Other _____

V.A. Compensation or Pension



CUSTOMER INFORMATION

Name

Phone #

Address, City, State, Zip

Employee Number or Social Security Number



PREVIOUS ACCOUNT INFORMATION

Checking

Savings

Previous Financial Institution Name

Routing #

Account #



NEW ACCOUNT INFORMATION

Checking

Savings

New Financial Institution Name

Routing #

Account #

Effective Date



Customer Signature

Date