

**Customer Information:**

Signer #1 Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

ID #: \_\_\_\_\_

State/Country: \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Signer #2 Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

ID #: \_\_\_\_\_

State/Country: \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Signer #3 Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

ID #: \_\_\_\_\_

State/Country: \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Telephone: \_\_\_\_\_



## Authorization to Change Direct Deposit

### Customer Information:

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

Company Address: \_\_\_\_\_

\_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Customer ID / Account #: \_\_\_\_\_

### Account Change Information:

I will be closing the account that you are currently making automated deposits to (Account # \_\_\_\_\_).

I hereby authorize direct deposit into my checking or statement savings account listed below at Naugatuck Savings Bank, 251 Church Street, Naugatuck, CT 06770.

Naugatuck Savings Bank routing number: 2111-7417-8

New Account Number (do not use dashes or spaces) \_\_\_\_\_

Account type:  Checking  Savings

### Authorization:

Customer Name (please print): \_\_\_\_\_

Customer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Authorization to Change Automatic Payment

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### Customer Information:

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

Company Address: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Customer ID / Account #: \_\_\_\_\_

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### Account Change Information:

I will be closing the account that you are currently deducting my payments from (Account # \_\_\_\_\_).

I hereby authorize automatic payment from my checking or statement savings account listed below at Naugatuck Savings Bank, 251 Church Street, Naugatuck, CT 06770.

Naugatuck Savings Bank routing number: 2111-7417-8

New Account Number (do not use dashes or spaces) \_\_\_\_\_

Account type:  Checking  Savings

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### Authorization:

Customer Name (please print): \_\_\_\_\_

Customer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_