AUTOMATIC DEPOSIT
AUTHORIZATION FORM

ORRSTOWN BANK Member FDIC 1-888-677-7869 Orrstown.com

To: _____ **Date:** _____

_____

_____

This letter serves as authorization for you to change the customer account information noted below for automatic deposits.

Automatic Deposit Type: ❑ Employee Payroll ❑ Social Security ❑ Investment Income ❑ Retirement / Pension

❑ Other (specify): _____

Account Holder Name: _____

Effective Date: _____

Orrstown Bank Routing Number: **0313 1503 6**

NEW Orrstown Bank Account Number: _____

I hereby authorize the above-referenced account changes.

Account Holder Printed Name	Phone Number
Account Holder Signature	Date
Bank Verification Signature (if required)	Date
Bank Verification Title	Phone Number