



**Mascoma  
Savings Bank**

**DIRECT DEPOSIT  
EASY SWITCH FORM**

This form authorizes an employer to deposit payroll or other checks into your new Mascoma Savings Bank account. Please complete one form for each automatic deposit you wish to change. Provide as much information as possible- the information can be found on your new checks or deposit slips and your employee benefits statements. **Upon completion of this form forward it to the Human Resources Department of your employer.**

To:

Employer Name

Employer Address

City, State Zip

From:

Employee Name

Employee Address

City, State Zip

Employee SS#

Telephone #

Please direct my:

Existing Direct Deposit

NEW Direct Deposit

Direct Deposit Amount

To my Mascoma Savings Bank

Checking Account

Savings Account

Mascoma Savings Bank Account Number

211770213

Mascoma Savings Bank Routing Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Attach a deposit slip from your new Mascoma Savings Bank account to this document.

\*\*Employer - if you are unable to accept this document, please forward your authorization form to this employee.