



DIRECT DEPOSIT AUTHORIZATION FORM

Company Information: (Enter the company you want deposits directed from here)

Name:
Address:
City: State: Zip Code:

My Information: (Enter your personal information here)

Name:
Address:
City: State: Zip Code:
Social Security Number: Phone Number:

**Note: For Social Security or VA Deposits, we will submit a request to the SSA or VA and change the routing of your deposit for you.*

To Whom It May Concern,

I have recently switched financial institutions. Please stop making deposits into my old account and begin making them to my new Perennial Bank account indicated below.

New Account Information: (Enter your Perennial Bank information here)

Perennial Bank Routing Number:
Account Number: ☐ Checking ☐ Savings
Account Number: ☐ Checking ☐ Savings
Signature: Date:

DEPOSIT: ☐ Total Amount \$_____ into first account listed above
DEPOSIT: ☐ Total Amount \$_____ into second account listed above

**Tip: Be sure to include a voided Perennial Bank check with this form, or we can provide you with a letter of Account Confirmation that lists your new account information.*



www.perennialbank.com