

Direct Deposit Change Form

Please fill out this form with your banking details for direct deposit.
Submit it to your employer once complete, and do not fax or email it unless it is a secure system.

EMPLOYER INFORMATION:

Company Name: _____

Address: _____

City

State

ZIP Code

ACCOUNT INFORMATION:

Bank Name: **Newtown Savings Bank**

Bank Routing Number: **221172296**

Account Type: (Check one)

Checking

Savings

Account Number: _____

DEPOSIT INFORMATION (PLEASE CHECK BOX BELOW):

Amount to Deposit:

Full Pay Partial Pay (Specify Amount): \$ _____

Percent of Pay (Specify Percentage): _____ %

EMPLOYEE INFORMATION:

Employee's Signature: _____

Print Name: _____

Address: _____

City:

State:

ZIP Code:

Social Security Number: _____