



Direct Deposit Transfer Letter

Complete and sign this form for all sources of direct deposit.
Give the signed form, along with a voided check from your new Thomaston Savings Bank checking account, to the party making the direct deposit.

Establish Direct Deposit

Change Existing Direct Deposit

Name _____ Employee ID _____

Social Security Number _____

Client Information

Address _____

City _____ State _____ Zip _____ Phone # _____

Company Information

Company Name _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Bank Information

Thomaston Savings Bank

203 Main Street

Thomaston, CT 06787

Routing Number: 2 1 1 1 7 4 2 5 9

Deposit Information:

Thomaston Savings Bank

Account Number _____ Account Type: Checking Savings

I authorize _____ (employer/company) to make direct deposits directly to my Thomaston Savings Bank account indicated above, and authorize the Bank to accept such deposits.

Client Signature _____ Date _____