

Automatic Deposits

Instruct companies to redirect recurring automatic deposits such as payroll, Social Security, dividends, annuities, or other periodic distributions, into your **COGT&CP'DCPM('VTWUV** account.

Helpful Hints!

Track Your Request. To confirm that your automatic deposit is being deposited into your new **COGT&CP'DCPM('VTWUV** account, check your **AMERICAN BANK & TRUST** statement, sign up and log onto your online [account at](#) co.gtlecpdcpm.wv.gov or call 605-224-9233.

Follow Up. Automatic deposits should take effect within three deposit periods. Keep your former account open until all automatic deposits have been switched to your **COGT&CP'DCPM('VTWUV** account. If you don't see the deposit by this time, please contact the company.

Reminder. Note that some companies or organizations, like the Social Security Administration, may require a special form. Contact the company or income source to make sure no other forms are required.

For Your Reference. The Social Security Administration phone number is (800) 772-1213.

For Multiple Deposits. If you have more deposits than will fit on this form, please print additional forms as needed.

Follow these easy steps:

1. Complete, sign and date this form.
2. Attach a voided check from your new **COGT&CP'DCPM('VTWUV** account.
3. Submit this form to each company / organization that is currently authorized to make automatic deposits to your account.

Company Name: _____

Company Address: _____

To Whom It May Concern:

I recently changed banks and request that my automatic deposit be switched to my new account at **COGT&CP'DCPM('VTWUV**. My information is as follows:

Name on account: _____

Identifying number with your company: _____

Address: _____

Phone Number: _____

Please switch my automatic deposits to this account: Checking Savings

COGT&CP'DCPM('VTWUV Account Number: _____

COGT&CP'DCPM('VTWUV ABA Routing Number: **091409397**

Effective: Immediately
 On ____ / ____ / ____

Address: PO Box 68;
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I authorize your company to initiate credit entries to my account at **COGT&CP'DCPM('VTWUV**. I understand that this authorization will remain in full force and effect until all parties have received written notification from me of its termination in such time as to afford a reasonable time to act. If you have any questions, please call me at the number listed above.

Signature: _____

Date: ____ / ____ / ____