



Direct Debit Authorization

Complete this form for all automatic debits you wish to switch to the new account.

To: _____
Company

Address

City, State Zip Code

Phone Number (if available)

I have recently changed banks and will need to have my direct debit switched from my old account to my new account with Tompkins State Bank.

My personal information is as follows:

Name: _____

Social Security Number: _____
(for verification purposes only)

I currently have my direct debit coming from:

Financial Institution: _____

Account Number: _____

Routing Number: _____

I authorize you to change this debit to my new **Checking*** account with **Tompkins State Bank**.

Account Number: _____

Routing Number: **071109202**

Customer Signature: _____ Date: _____

Bank Representative: _____ Date: _____

(Notary if applicable)

*Automatic Debits may only be made from a checking account.