

ACH Payment Checklist

Payment	Company	Account Number	Amount	Payment Due Date
Mortgage/Rent				
Auto Loan				
Insurance				
Credit Card(s)				
Credit Card(s)				
Heat				
Electric				
Water				
Cell Phone				
Cable/TV				
Internet Provider				
Health Club				
Investments				
IRA/Retirement				
Charities				
Daycare				
Tuition/School Expenses				
Other				
Other				

Direct Deposit Checklist

Payment	Company	Account Number	Amount	Date of Payment
(Employee) Payroll				
Pension/Retirement Plan(s)				
Social Security				
Investment Incomes				
Other				
Other				

Additional Contact Information

Social Security	1-800-772-1213	www.ssa.gov/deposit *
Department of Veterans Affairs	1-877-838-2778	www.ebenefits.va.gov/ebenefits/homepage *
Office of Personnel Management	1-888-767-6738	www.servicesonline.opm.gov *



Direct Deposit Change Authorization Form

Use this form to switch your direct deposits to Haverhill Bank.

Date:

To: (Employer/Company Name)
 (Address of Employer/Company)
 (City, State, Zip)

From: (Name)
 (Home Address)
 (City, State, Zip)
 - - (SSN)

Please accept this letter as authorization to change the bank account information for direct deposit in the name of _____ in regards to a _____ payment.
(Print Full Name) (Payment Type; e.g. Pension, Payroll, etc.)

I am aware that some automatic deposits require advance notice of changes. Please include those notice periods when determining the new effective date.

Current Financial Institution Routing Number:
Current Financial Institution Account Number:

Effective immediately, the new bank information is as follows:

Haverhill Bank Routing Number: 211370053
Haverhill Bank Account Number: _____
Bank Address: 180 Merrimack St., Haverhill, MA 01830

Checking **Savings** **CD** **Money Market** *(select account type)*

If you should have any questions regarding this transaction, please contact me at _____.
Please send written confirmation of the effective date of this change.

Thank you for your cooperation.

Sincerely,

(Customer Signature)

Haverhill Bank customers:
Please include a voided check when submitting this Direct Deposit Change Authorization form.



ACH Payment/Withdrawal Change Authorization Form

Use this form to switch your automatic payments/withdrawals to Haverhill Bank (e.g. loan payments, insurance payments, automatic transfers, etc.)

Date:

To: (Company Name)
 (Address of Company)
 (City, State, Zip)

From: (Name)
 (Home Address)
 (City, State, Zip)
 - - (SSN)

Please accept this letter as authorization to change the bank account information for automatic payments or withdrawals in the name of _____ to apply to account number _____.
(Print Full Name) (Billing Account Number)

The approximate amount of each automatic payment/withdrawal to be applied to this account is _____ for a _____ payment.
(Withdrawal Amount) (Reason for withdrawal; e.g. Mortgage, Utilities, etc.)

I am aware that some automatic payments or withdrawals require advance notice of changes. Please include those notice periods when determining the new effective date.

Current Financial Institution Routing Number:
Current Financial Institution Account Number:

Effective immediately, the new bank information is as follows:

Haverhill Bank Routing Number: 211370053

Haverhill Bank Account Number: _____

Bank Address: 180 Merrimack St., Haverhill, MA 01830

Checking **Statement Savings** *(select account type)*

If you should have any questions regarding this transaction, please contact me at _____.
Please send written confirmation of the effective date of this change.

Thank you for your cooperation.

Sincerely,

(Customer Signature)