

DIRECT DEPOSIT AUTHORIZATION CHANGE FORM

To: _____
Company/Organization

Address: _____

Please accept this letter as my authorization to change the bank account information for direct deposit in the name of _____.

Payment Type: _____

Effective immediately, the new information is as follows:

Madison Bank of Maryland

Routing Number: 2520 7121 4

New Checking Account Number: _____

New Savings Account Number: _____

Name of Account Holder: _____

Address: _____

Phone Number: _____

If you should have any questions regarding authorization or if this letter is not sufficient, please contact me or send the necessary forms. Thank you for your cooperation.

Sincerely,

Account Holder Signature

Date