



Bank of Botetourt
Taking Care of You

Direct Deposit Change Form

Date

Name of Business Entity

Street address / PO Box

City, State, Zip

To Whom It May Concern:

Currently, you are depositing my _____ into my old bank account as follows:
(Payroll, Pension, Social Security, Etc.)

Bank Name: _____

Routing Number: _____

Account Number: _____

Please begin making these automatic deposits into my Bank of Botetourt account(s) as follows:

Bank of Botetourt Routing Number: **051402550**

Bank of Botetourt Checking / Savings Account number: _____
(Please check one)

Deposit: \$ _____ Or _____ % of my: _____
(Payroll, Pension, Social Security, Etc.)

Bank of Botetourt Checking / Savings Account number: _____
(Please check one)

Deposit: \$ _____ Or _____ % of my: _____
(Payroll, Pension, Social Security, Etc.)

Please send me confirmation indicating when this change will take effect. If you have any questions regarding this request please contact me.

Sincerely,

Your Signature

Print Name

Address

City, State, Zip

Day time phone:

Evening Phone: