



AUTOMATIC PAYMENT AUTHORIZATION FORM

To: _____

Date: _____

This letter serves as authorization for you to change the customer account information for automatic payments for account number: _____ in the names of:

_____.

Effective the date of this correspondence, the customer's new account information is:

Account Number: _____

Bank Routing Number: **0313 1503 6**

Thank you,

I hereby authorize the changes noted above to my account.

_____	_____	_____
Account Holder Signature	Date	Telephone
_____	_____	_____
Account Co-holder Signature (if jointly owned)	Date	Telephone

FDIC