



Member FDIC

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: **051503909**

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