

AUTHORIZATION FOR AUTOMATIC PAYMENT

SERVICE PROVIDER: _____

MY ACCOUNT # WITH
YOUR ORGANIZATION: _____

PLEASE SWITCH MY AUTOMATIC PAYMENT TO **EXCHANGE BANK** STARTING ON:

DATE: _____ / _____ / _____

TYPE OF ACCOUNT: _____
(Checking or Savings)

NEW ACCOUNT #: _____
(Attached is voided check)

NEW BANK ROUTING #: _____ **104903333** _____

SWITCHING FROM: _____
(Name of Previous Financial Institution)

OLD ACCOUNT #: _____

OLD BANK ROUTING #: _____

ACCOUNT HOLDER NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE: (_____) _____ - _____

SIGNATURE: _____

PRINTED NAME: _____

