

Automatic Withdrawal Change Form

Company Name (Payee)

Company Address

City, State, Zip Code

RE: Switching My Automatic Payment

To whom it may concern: I recently switched financial institutions and am requesting that my automatic payments with your company be changed to my new First State Bank account. Please begin making automatic withdrawals from my new account and stop withdrawing from the old account listed below.

Thank you for your timely assistance in this matter. If you have any questions concerning this request, please contact me by phone at the number listed below.

Sincerely,

Authorized Signature (Original signature required)

Date

Automatic Payment Information

Name

Phone: Day

Phone: Evening

Address

City, State, Zip Code

Reason for Payment

Amount of Payment

Date of Payment

Old Financial Institution Name

Old Routing Number

Old Account Number

First State Bank

New Financial Institution Name

New Routing Number

New Account Number



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