AUTOMATIC PAYMENT CHANGE REQUEST

Step 1: Copy | Step 2: Fill In | Step 3: Send

Street Address

Printed Name

Step 1. Copy Step 2. Till 11 Step 3. Setta						
Company Information						
Company Name						
Company Street Address			City, State		Zip	
To Whom It May Concern: I have recently changed financial institutions and would like to have my transactions with your company changed to my new account. Please use the following information to discontinue the withdrawals from my old account and begin withdrawing from my new Bank of Advance account.						
Payment Information						
Payment Amount \$	Payment Reason			Payment Date		
<u>'</u>						
Previous Financial Institution Information						
Previous Financial Institution Name						
Previous Financial Institution Routing Number		Previ	Previous Financial Institution Account Number			
New Bank of Advance Account Information						
Please stop making withdrawals from my previous account and start making them from the following Bank of Advance account:						
Bank of Advance Routing Number 081506523		ank of Advance Account Number		Effective Date		
I have attached a voided check to verify the new account information.						
·						
Acknowledgement						
Thank you for your prompt attention to this matter. If you have any questions about this request, please						
contact me as soon as possible.						
Employee ID (if required)		Pho	ne Number		Date	

City, State

Signature

Zip