

Authorization to Change Automatic Payment

DATE: _____

On _____ I closed my checking account at _____ Old Acct. # _____
(Date) (Name of Financial Institution)

Account Holder _____ Social Security # _____

I hereby authorize Automatic Payment from my new checking Account beginning _____ Payment Amount \$ _____

New Financial Institution _____ Security State Bank _____ New Acct. # _____

Phone Number: (218) 263-8855 Address: P.O. Box 279, Hibbing, MN 55746 Routing #: 091200592

Bank Representative _____

I have enclosed a voided check to verify the account number.

 Signature _____ Day Time Phone Number: _____

Complete this form for every company with whom you have arrangement for Automatic Payment. Call for additional forms.