



Authorization to Change Automatic Payment

[PLEASE PRINT]

Today's Date: _____

Company/Organization to whom Automatic Payment is made _____ Acct.# _____

Company/Organization Address _____
STREET ADDRESS OR P.O. BOX CITY STATE ZIP CODE

On _____ I closed my Checking Account at _____ Old Acct.# _____
MONTH/DAY/YEAR NAME OF FINANCIAL INSTITUTION

Account Holder _____ Social Security # _____

I hereby authorize Automatic Payment from my new Checking Account beginning _____ Payment Amount _____
MONTH/DAY/YEAR

New Financial Institution National Bank and Trust Routing # 042204932

Financial Institution Address 48 N. South Street, Wilmington, OH 45177
STREET ADDRESS OR P.O. BOX CITY STATE ZIP CODE

New Account # _____ I have enclosed a Deposit Slip/Voiced Check to verify the account number.

Signature _____ Daytime Phone Number _____

COMPLETE THIS FORM FOR EACH COMPANY OR ORGANIZATION WITH WHOM YOU HAVE AN ARRANGEMENT FOR AUTOMATIC PAYMENT. PLEASE CALL FOR ADDITIONAL FORMS.



Authorization to Change Automatic Payment

[PLEASE PRINT]

Today's Date: _____

Company/Organization to whom Automatic Payment is made _____ Acct.# _____

Company/Organization Address _____
STREET ADDRESS OR P.O. BOX CITY STATE ZIP CODE

On _____ I closed my Checking Account at _____ Old Acct.# _____
MONTH/DAY/YEAR NAME OF FINANCIAL INSTITUTION

Account Holder _____ Social Security # _____

I hereby authorize Automatic Payment from my new Checking Account beginning _____ Payment Amount _____
MONTH/DAY/YEAR

New Financial Institution National Bank and Trust Routing # 042204932

Financial Institution Address 48 N. South Street, Wilmington, OH 45177
STREET ADDRESS OR P.O. BOX CITY STATE ZIP CODE

New Account # _____ I have enclosed a Deposit Slip/Voiced Check to verify the account number.

Signature _____ Daytime Phone Number _____

COMPLETE THIS FORM FOR EACH COMPANY OR ORGANIZATION WITH WHOM YOU HAVE AN ARRANGEMENT FOR AUTOMATIC PAYMENT. PLEASE CALL FOR ADDITIONAL FORMS.



Authorization to Change Automatic Payment

[PLEASE PRINT]

Today's Date: _____

Company/Organization to whom Automatic Payment is made _____ Acct.# _____

Company/Organization Address _____
STREET ADDRESS OR P.O. BOX CITY STATE ZIP CODE

On _____ I closed my Checking Account at _____ Old Acct.# _____
MONTH/DAY/YEAR NAME OF FINANCIAL INSTITUTION

Account Holder _____ Social Security # _____

I hereby authorize Automatic Payment from my new Checking Account beginning _____ Payment Amount _____
MONTH/DAY/YEAR

New Financial Institution National Bank and Trust Routing # 042204932

Financial Institution Address 48 N. South Street, Wilmington, OH 45177
STREET ADDRESS OR P.O. BOX CITY STATE ZIP CODE

New Account # _____ I have enclosed a Deposit Slip/Voiced Check to verify the account number.

Signature _____ Daytime Phone Number _____

COMPLETE THIS FORM FOR EACH COMPANY OR ORGANIZATION WITH WHOM YOU HAVE AN ARRANGEMENT FOR AUTOMATIC PAYMENT. PLEASE CALL FOR ADDITIONAL FORMS.