

AUTOMATIC PAYMENT AUTHORIZATION FORM

Check where you currently have automatic payments to see if a signed form is required. If so, use this form to facilitate the change of your automatic payments from your former account to your new Whitaker Bank Account.



Automatic Depositor Information

Name

Address

City

State

Zip Code

Company/Provider Information

Name

Address

City

State

Zip Code

Date: _____

This letter serves as the authorization to change the account information for automatic payments in the name of _____, my account number _____. I have changed accounts to Whitaker Bank and the account number that you are currently debiting will no longer be valid.

Effective immediately, my new account information for automatic payment is as follows:

Bank Routing Number: 042104168

New Account Number: _____

I hereby authorize _____ to make automatic payments from my Whitaker Bank Account indicated above.

Account Holder Signature

Date

Phone

Account Holder Signature

Date

Phone

*Check with your automatic payment party to make sure no other information or forms are necessary to ensure that your automatic debits are deducted from your new bank account.