

Authorization to Change
Automatic Payment

Complete a separate form for each automatic payment. You may photocopy this form.

Name of Direct Payee

Payee Address

Payee Phone Number

I plan to close my checking account at (Name of bank)

Account Number

Account holder

Social Security Number

I authorize automatic payment from my new checking account at Superior Bank, effective immediately.

My new checking account number is

The new routing/ transfer number is

I have attached a voided check to verify the new account information.

Signature

Date

Daytime phone

