Automatic Payment Change Request

Please include a canceled check and submit to every company/organization that automatically debits your old bank account for payments.

Date: _____

To: _____
Name of Company/Organization

Account #: _____

To Whom It May Concern;

I am closing my bank account from which you are authorized to deduct automatic payments. Please debit my new bank account for future payments as instructed below:

Account Type: ❒ Checking ❒ Savings

Effective: ❒ Immediately ❒ Beginning _____/_____/_____

New Bank Account Information/Authorization

Account #: _____ Bank: Liberty Bank Routing #: 125108984

Account Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Please contact me if you have any questions regarding this request.

Thank you,

_____ _____
Signature of Authorized Signer Date

_____
Printed Name of Authorized Signer