

Automatic Payment / Withdrawals Letter

Company Name

Address

Customer Account Number

City State Zip Code

ATTENTION: Accounts Receivable / Accounting

Subject: Switching My Automatic Payment / Withdrawal

I have recently changed banks and would like to have my automatic payment/withdrawal with your company changed to my new account at First Bank Hampton. I have included my new account information below. If you have any questions regarding this request, please contact me by mail, or call me at the phone number listed below. Thank You for your prompt assistance in this matter.

Sincerely,

AUTHORIZED SIGNATURE (Original signature required to authorize change)

Date

Automatic Payment / Withdrawal Information

First Name

New Bank Name

Last Name

Routing Number

Account Number

Address

Date of Payment

City / State / Zip Code

First Bank Hampton

211 First Avenue N.W. PO Box 59

Hampton, IA 50441-0059

Day Phone

Cell Phone

Phone: 641-456-4793 • Fax: 641-456-5122