

# AUTOMATIC PAYMENT CHANGE AUTHORIZATION

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

## Attn: Accounts Receivable/Customer Service

I have recently changed financial institutions and would like to have my automatic payments with your company for **account #** \_\_\_\_\_ changed to my new checking account with First State Bank effective immediately.

I authorize you and First State Bank to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries in error to my account below. This authority will remain in effect until I have cancelled it in writing.

**First State Bank Account#** \_\_\_\_\_

checking account                       savings account

**First State Bank Routing/ABA# 075907497**

If you have any questions regarding this request, please contact me at the phone number listed below. Thank you for your prompt assistance in this matter.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



(Main Office)  
113 W. North Water Street  
PO Box 268  
New London, WI 54961  
1-800-994-2500

Member FDIC