

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 ____/____/____



220 W. Waupaca Street
PO Box 268
New London, WI 54961
1-800-994-2500

Member FDIC