

Please change my account for automatic payment.

Date

Name of insurance company, mortgage provider, utility co., any payee that automatically drafts your account

Address

City

State

Zip

To Whom It May Concern:

Currently, you are drafting my _____ payment from the
following account: Indicate type of payment (what payment is for)

Bank Name _____

Routing Number _____

Account Number _____

On _____
Day of the Month

**Please stop drafting this account on _____ and start drafting this payment from my new
account at STATE BANK.** Date

State Bank Routing Number _____

State Bank Account Number _____

If you have any questions regarding this request, please contact me.

Sincerely,

Signature

Printed Name

Address

City

State

Zip

Phone

Account Number with Payee