automatic payment request



Company Name				
Address				
City, State, ZIP				

ame	
ress	
ZIP	

ATTN: Accounts Receivable/Accounting RE: Changing My Automatic Payment

Please accept this as authorization to change my automatic payment/withdrawal to your company. Please discontinue debiting my old bank account and begin making automatic payments/ withdrawals from my new SSB Bank account.

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,

Mailing Address

Authorized Signature	Date	Print Name/Title		
Phone Number(s)				
Automatic Payment Informat	ion			
Company Name		Company Phone		
			_	
Mailing Address		City	State	Zip Code

Payment Or Reason					
Date Of Payment	Payment Amount (Or "Amount Due")				
Old Bank Name	Routing No.	Account No.	Account No.		
New Bank Name	Routing No.	Account No.			
SSB Bank	243073959				



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City