

automatic payment request



Company Name	<input type="text"/>
Address	<input type="text"/>
City, State, ZIP	<input type="text"/>

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,

Authorized Signature _____ Date _____ Print Name/Title _____

Phone Number(s) _____

Automatic Payment Information

Company Name	Company Phone
<input type="text"/>	<input type="text"/>

Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment Or Reason

Date Of Payment	Payment Amount (Or "Amount Due")
<input type="text"/>	<input type="text"/>

Old Bank Name	Routing No.	Account No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

New Bank Name	Routing No.	Account No.
SSB Bank	243073959	<input type="text"/>

