AUTOMATIC PAYMENT REQUEST FORM

Company Name			
Address			
City, State and Zip			
RE: Switching my Automatic	Payment to a New Account		
ATTN:			
I have recently changed bank my new account.	s and would like to update my autom	natic payment with yo	our company to
Please discontinue debiting mew account at The Farmers	ny old bank account and begin makin State Bank.	g automatic withdra	wals from my
	arding this request, please contact moved for your prompt assistance in this		at the phone
Sincerely,			
Authorized Signature		Date	
Automatic Payment Info	ormation		
Name	Phone: Da	y Evening	(circle one)
Address	City/State		Zip
Amount Debited (Enter the pa	syment amount or "amount due"		
Old Bank Name	Routing Number	Account Number	-
	Date of Payment		_
Payment or Reason	Date of Fay	THEIR	
Payment or Reason The Farmers State Bank New Bank Name	101107802 Routing Number	Account Number	_