

Automatic Payment Change Form

To: _____ From: _____

Subject: Automatic Payment Change For My Account: _____
(Include account number or description)

Please accept this memo as notification that I have established a new checking or savings account with Farmers State Bank of Hoffman. Currently you are authorized to receive automatic payments from my existing account, which I am closing. For this reason, I am authorizing you to establish automatic payments from my new Farmers State Bank of Hoffman account. Listed below are the relevant account and routing numbers needed for you to establish automatic payments from my new Farmers State Bank of Hoffman account. Attached you will find a voided check from my new Farmers State Bank of Hoffman checking account. (Not necessary to attach documents for new savings account.)

FSB Hoffman Account # _____ FSB Bank Routing # _____ Checking Savings

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Federal Tax Identification Number: _____

At FSB Hoffman's: _____ Branch. Branch Phone #: _____ Branch Fax #: _____

If this form is not sufficient to establish automatic payments from my new checking account, please contact me and send me a copy of your company form for my signature.

Attach Voided Check Here
From New FSB Hoffman Checking Account

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