

Automatic Payment Transfer

Please update my automatic payment account information.

_____ Date

_____ Financial Institution

_____ Address

_____ City, State, Zip

_____ Fax

Please consider this a formal request to update my
__ Monthly __ Quarterly __ Annual payment deductions from

_____, at
Account Number

_____, to First State Bank,
Bank Name

_____ Address

Transit Routing Number

| 1 0 4 9 0 1 6 1 0 |

_____ First State Bank Account Number

In order to make the necessary changes, please send me the correct form(s). I understand that I will maintain an appropriate balance in my former account(s) to cover any future debits until I have received an effective automatic payment date from your company.

Please use the effective date of: _____.
I have enclosed a voided check from my new First State Bank Account with the necessary routing/account information.

Thank you.

_____ Signature

