

Company Name						
Address			AUTOMATIC	PAYMENT	REQUEST	
City	State	Zip				
_	ng My Automa Accounts Recei	•	nting			
account. Please d	liscontinue debiting m	y old bank account	automatic payment with your co and begin making automatic w Please contact me with any que:	ithdrawals from		
Sincerely,						
 Authorized Signat	ure		te	_		
AUTOMATIO	C PAYMENT INF	ORMATION	I			
NAME			PHONE o DAY PHONE (PHONE ODAY PHONE OEVENING PHONE		
ADDRESS			CITY	STATE	ZIP	
\$						
AMOUNT DEBITED) (enter payment amoun	t or "amount due")		I		
	LANAF		ROUTING NUMBER	A C C C LINE 1	AH IMADED	
PREVIOUS BANK NAME			ROUTING NUIVIBER	ACCOUNT I	NOIVIBER	
\$						
PAYMENT OR REA	ASON		DATE OF PAYMENT			
SPRINGS VA	LLEY BANK & TR	UST COMPANY	083909445			
NEW BANK NAME			NEW ROUTING NUMBER	NEW ACC	NEW ACCOUNT NUMBER	

Loyal to you, your family, and your future.







