

# Automatic Payment



## Authorization to Change Automatic Payment

Today's Date \_\_\_\_\_

I am in the process of closing my  Checking  Savings account at:

Name of Financial Institution Where Account is Closing (Please Print) \_\_\_\_\_ Old Account # \_\_\_\_\_

Name of Account Holder(s) \_\_\_\_\_

Social Security#(s) \_\_\_\_\_

I hereby authorize Automatic Payment from my new  Checking  Savings Account, beginning \_\_\_\_\_ Date \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_ Payment to \_\_\_\_\_ Company Name \_\_\_\_\_

My account number with your business \_\_\_\_\_ Payment frequency \_\_\_\_\_

New Financial Institution: **Financial Security Bank** Routing Number: **091905402**

Address: (check one)  1011 Atlantic Avenue, P.O. Box 258, Kerkhoven, MN 56252 • 320.264.2161  
 11102 57<sup>th</sup> Street NE, Albertville, MN 55301 • 763.424.5888

New Financial Security Bank account # \_\_\_\_\_

((( I have enclosed a voided check to verify the account number. )))

Signature(s) \_\_\_\_\_

Phone \_\_\_\_\_

Complete this form for each company or organization with whom you have an arrangement for Automatic Payment. Contact Financial Security Bank for additional forms.

8/07



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