

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 _____

My account number with your business _____ Company Name
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
 5600 LaCentre Avenue, Suite 100, 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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