

AUTOMATIC PAYMENT REQUEST FORM

Company Making the Automatic Withdrawal

Company Address City State Zip

Company Phone Company Fax

Account Name Account Number

Address City State Zip

Home Phone Work Phone

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) for my
_____ (what the payment is for) from

Financial Institution Name: _____

Routing Number for Institution: _____

Account Number: _____

As of _____ (date), please start making this automatic withdrawal from my new account at:

First State Bank & Trust Co.
Routing Number: 101101992
Account Number: _____

If you have any questions about this request, please contact me at _____.

Signature _____ Date _____

Complete and send this form to each company where you have an arrangement for automatic withdrawal.