

Automatic Payment Authorization Form

Date _____

To (company) _____

City, State, Zip _____

I have recently changed banks and will need to have my automatic payments switched from my old account to my new account with Legacy State Bank. Below you will find personal information you may need to aid in this process.

Name _____

Address _____

My Account/Billing # with your organization _____

Amount (if applicable) _____

I currently have my payments coming from:

Account # _____

Banking Routing # _____

Please change this to my new account with Legacy State Bank as soon as possible:

Account # _____

Bank Routing# 061120518

Bank Phone # 770-554-2265

If you need additional information to make this change, please contact me at. _____

Thank you for your assistance in this manner.

Sincerely,

I hereby authorize the change to my account:

Signature of Account Holder _____

Date _____

Attached: Voided check from new account at Legacy State Bank.