

AUTOMATIC PAYMENT AUTHORIZATION FORM

NOTE: Check with your Payee to make certain no other information or specific form is necessary to complete the change of your automatic payment to your new bank account or debit/credit card account. If this form is acceptable, complete the information below and provide it to your Payee.

Company Name

Company Address

City

State

Zip Code

Account Number

Payment Type

Please change the account used for Automatic Payment to my new account:

Last Name

First Name

Middle

Address

City

State

Zip Code

Phone Number (Day)

Social Security #

My New Account Information:

Account Type: Checking Savings

Account Number: _____ Routing Number/ABA # 042100146

OR

Card Type: Debit Card Credit card

Card Number: _____ Expiration Date: _____

I hereby authorize _____ (payee/company name) to initiate payments from my Central Bank Account indicated above and to make any necessary adjustments for any debit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Signature _____ Date _____

For checking accounts, please attach a preprinted voided check from your new account to this form and provide it to your payee.