

Authorization to Change Automatic Payments/Drafts/Transfers

To easily enable The Brand Banking Company to switch your existing account to us, we ask for your help changing any automatic payments drawn on your previous account to your new account with our bank. For each payment, please complete the requested information below and sign where indicated. Your original signature is required to authorize the transfer from your existing financial institution. Mail an original to each company for notification of change. Please allow sufficient time for change.

Print as many copies of this form as you need to notify each of the companies that you have an automatic payment/draft with before your next payment is due.

My checking account at the following institution has been closed.			
Name of Previous Institution			
Previous ABA Routing Number		Previous Account Number	
Name on Account			
Social Security Number			
Phone Number			
I hereby authorize automatic payment/draft from my Brand Bank checking account.			
Company to receive this form			
Account Number at this company			
Schedule/Frequency			
Amount (fixed amounts only)			
New ABA Routing Number	061103276	New Account Number	
Signature(s)			
		Date	