Notice of Change for Automatic Payment

PLEASE CHANGE MY AUTOMATIC PAYMENT

DATE				
Name of insurance company, mortgage provider, utility cor	mpany, any payee that auto	matically debits pay	ments from your account	
ADDRESS				
7.557.250				
CITY		STATE	ZIP	
To Whom It May Concern				
CURRENTLY, YOU ARE DEBITING MY		PAYMENT FROM MY OLD BANK ACCOUNT(S)		
·	AYMENT THE PAYMENT IS FOR)			
CURRENT BANK INFORMATION:				
BANK NAME	ROUTING NUMBER			
ACCOUNT MANY	ACCOUNTABLIANCE			
ACCOUNT NAME	ACCOUNT NUMBER			
PLEASE STOP DEBITING FROM THIS ACCOUNT ON	(2.175)	AND START DE	BITING THIS PAYMENT	
FROM MY NEW ACCOUNT AT NODAWAY VALLEY BANK.	(DATE)			
NEW BANK INFORMATION:				
NODAWAY VALLEY BANK ROUTING NUMBE	R: 101201863			
NODAWAY VALLEY BANK CHECKING ACCOUNT NUMBER:				
PLEASE SEND ME CONFIRMATION INDICATING WHEN THIS CHANGE TAKES EFFECT.				
IF YOU HAVE ANY QUESTIONS REGARDING T	HIS REQUEST PLEAS	SE CONTACT ME		
SINCERELY,				
YOUR SIGNATURE				
PRINT NAME				
ADDRESS				
CITY		STATE	ZIP	
		00.00	<u>11</u>	
ACCOUNT NUMBER WITH PAYEE				
PHONE NUMBER (DAY)	(EVEN	ING)		