

AUTOMATIC PAYMENT AUTHORIZATION

Please give this form to your creditor(s)/vendor(s) to move your automatic payments to your new account(s).

I authorize (company) _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

...to accept this signed form to change my payment to my SECURITY STATE BANK checking/savings account. I understand that it may take up to 30 days to process this request.

Owner Signature Date

Security State Bank ACH Routing/Transit Number 091510075

Account Number _____

Account Type: Checking Savings

Amount _____

Account Number _____

Account Type: Checking Savings

Amount _____

