

# 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.

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Company Name

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Company Address

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City

State

Zip Code

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Account Number

Payment Type

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

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Last Name

First Name

Middle

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Address

---

City

State

Zip Code

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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.