

# “SWITCH” TO The Bank of Beaver City

## AUTHORIZATION CHANGE FORM

(Please Print)

Please complete this form for each company with whom you have arranged an automatic payment(s).

### My/Our current checking account information:

I. \_\_\_\_\_  
Current Financial Institution Name

\_\_\_\_\_  
Current Checking Account Number Date of Payment

\_\_\_\_\_  
Account Name

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II. \_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address Phone Number

\_\_\_\_\_  
Account Number at Company

I/We hereby revoke the authorization with the above named company to initiate the preauthorized payment from or debit entry to my/our account at the above named institution. I/We authorize the above named company to initiate a debit entry to my/our account identified below at the financial institution named below for the purpose of accomplishing the preauthorized payment identified above.

### My/Our New Checking Account Information:

**The Bank of Beaver City** \_\_\_\_\_ **103106775**  
Bank Name Bank Routing Number

\_\_\_\_\_  
New Checking Account Number Daytime Phone Number

\_\_\_\_\_  
Signature Date