

Please change my automatic payment.

Date

Name of insurance company, mortgage provider,
utility company, any payee that automatically debits payments from your account

Address

City State Zip

To Whom It May Concern:

Currently, you are debiting my _____ payment from my
Indicate the type of payment (what the payment is for)
old bank account(s):

Current bank information:

Bank Name _____ Routing number _____

Account number _____ Account number _____

**Please stop debiting from this account on _____ and start debiting this
Date
payment from my new account at **First City Bank****

New bank information:

First City Bank routing number: 041210943

First City Bank checking account number: _____

Please send me confirmation indicating when this change takes effect.

If you have any questions regarding this request please contact me.

Sincerely,

Customer Signature

Address

Print Name

City State Zip

Account number with payee

Phone Number Day Evening