Automatic Payment Authorization Form

Signature



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. If this form is acceptable, complete the information below and provide it to your Payee. Company Name Company Address City, State and Zip Account Number Payment Type Please change my existing authorization(s) transfer automatic payment(s) from my previous bank to the following bank and account number. Last Name First Name Middle Address City, State and Zip Phone Number (Day / Evening) Please circle one. My New Account Information: Bank Name: ______ Routing Number/ABA # 096000959 Account Number: _____ I hereby authorize _____ _____ (payee/company name) to initiate payments from my North Star Bank Account indicated above and to make any necessary adjustments for any debit made to my account in error.

Date