## **Automatic Withdrawal Authorization**



Attach Voided Check Here (Do not attach a deposit slip)

Date				
Company Name				
Address				
City		State	Zip	
Account Numbe	r with Company:			
To Whom It May	Concern:			
	es as notification th on State Bank. Atta currently:			
☐ Withdrawing	g\$	Per		
☐ Withdrawing	g my current billing			
From the following	ng account:			
	Routing	Number:	Account Number	er:
Payment Reason:		Paymer	nt Date:	
Please make this	change effective i	immediately.		
	the relevant accountic withdrawals to i			
Uı	nion State Bank R	Routina Numbe	r: 101100993	
Account:	Amount:		Account Number	:
☐ Checking				
Savings				
Other				
If you have any c	questions about this	s request, pleas	e contact me.	
Signature:				
- Name:			<del></del>	
Address:				
<u></u>	State:	Zip:		
Phone:				

If this form is not sufficient to establish automatic withdrawal, please forward the authorized form for my signature.