



Automatic Withdrawal Authorization

This form is to authorize a change to any automatic payment or withdrawal from your account. Use one form for each automatic withdrawal. Many companies and agencies make it easy to change your account online.

Customer information:

Name of Company			
Account Number			
Payment Account			
Address			
City/State/Zip			
Phone			

Please change my automatic withdrawal FROM the following account:

Financial Institution			
Account Number		Routing Number	

Please change/add my automatic withdrawal TO the following account:

Financial Institution	Great Oaks Bank		
Account Number		Routing Number	061211430

This authorization will remain in effect until I have submitted to you a new authorization or until you have been notified by me in writing that this authorization has been changed or revoked.

Signature			
Name			
Address			
City/State/Zip			
Phone			

Automatic Withdrawal Checklist

- | | | |
|--|---|--|
| <input type="checkbox"/> Home Mortgage | <input type="checkbox"/> Credit Card(s) | <input type="checkbox"/> Subscription(s) |
| <input type="checkbox"/> Auto Loan(s) | <input type="checkbox"/> Club Membership(s) | <input type="checkbox"/> Charity Donations |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Internet/Cable | |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Investments | |