

AUTOMATIC DEBIT CHANGE FORM

Complete this form for each company or organization with whom you have arranged for automatic payment. Once completed, mail the form(s) directly to the company or organization.

I _____ have closed my checking account with _____
(Your Name) (Current Bank)
Effective _____.

I hereby authorize my automatic withdrawal in the amount of \$_____ to be changed from my current checking account #_____ at _____ to my new Dupont State Bank account as listed below:

Checking Account # _____
ABA Routing # _____ 083907324 _____
Effective Date _____

Amount to be withdrawn: \$ _____
Date of withdrawal: _____

Address _____
City/St/Zip _____

If you have any questions or if there is a penalty or fee please contact me at:
(_____) _____ - _____

Thank you for your attention to this matter.

Customer Signature

Joint Account Holder Signature

Date

Date

ATTACH A NEW DUPONT STATE BANK VOIDED CHECK HERE

