

Automatic Payment Transfer Form

Instructions:

1. Complete, sign and date this form; make additional copies as necessary.
2. Submit this form to each company/payee that is currently authorized to make automatic payments from your account.
3. Keep a copy for yourself.

• Company/Payee Information

Date _____ Name of Company/Payee _____
Address _____
City _____ State _____ Zip _____
Account Holder Name _____

• Automatic Payment Change Request to First State Bank

Old Financial Institution

I would like to change my payment instructions for my account, currently you are debiting payment from my old financial institution at:

Old Financial Institution _____
ABA Routing #: _____
Account Number _____

New Financial Institution

Effective immediately, please stop debiting this account and start debiting this payment from my new account at First State Bank:

First State Bank
P.O. Box 305
Eastpointe, MI 48021

Phone: 866-372-1275

ABA Routing #: **072410165**

Account Number _____

A sample check from First State Bank. The check is dated 1234 and is payable to the order of Joe Smith, 1234 Anystreet Court, Any City, MI 12345. The check number is 1234. The bank's name is First State, Your HomeTown Bank. The MICR line at the bottom shows the routing number 072410165, the account number 000000000, and the check number 0000. A large 'SAMPLE' watermark is diagonally across the check.

Routing Number	Account Number	Check Number
072410165	000000000	0000

• Contact Information and Signature

Please accept this as my authorization to switch my automatic payment as instructed and send a written confirmation of the date this change will be effective. If you have any questions, please contact me by mail or at the phone number below.

Signature _____
Print Name _____
Address _____ Daytime Phone _____
City _____ State _____ Zip _____