

AUTOMATIC PAYMENT CHANGE FORM

1. Fill out one Automatic Payment Change Form for each automatic payment you currently have scheduled.
2. Send the completed form to each company with whom you currently have an automatic payment scheduled.
3. Include a voided check so the company can confirm your new account and routing/transit numbers.

Payee Name

Account Number (account # with payee)

Please redirect my automatic payment for the above account number to my new bank account below.

Account type: Checking Savings **Effective:** Immediately Beginning ____/____/____

My New Century Savings Bank Account Information:

231270366

Century Savings Bank ABA/Routing Number

New Century Savings Bank Account Number

If you have questions, please contact me at: _____

Signature

Co-Signer Name (if applicable)

Printed Name

Date



MEMBER FDIC centurysb.com

ATTACH VOIDED CHECK

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