

# AUTOMATIC PAYMENT AUTHORIZATION FORM



*NOTE: Check with your payee to make certain no other information or specific form is necessary to complete the change of your automatic payment to your new bank account or credit/debit card account. If this form is acceptable, complete the information below and provide it to your payee.*

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account number with company \_\_\_\_\_

## PLEASE CHANGE THE ACCOUNT USED FOR AUTOMATIC PAYMENT TO MY NEW BANK ACCOUNT:

Last Name \_\_\_\_\_ First name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Last 4 of Social Security # \_\_\_\_\_

## MY NEW ACCOUNT INFORMATION:

Account Type: ☐ Checking ☐ Savings

Account Number \_\_\_\_\_ Routing Number 107007391

**OR**

Card Type: ☐ Debit Card ☐ Credit Card

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

I hereby authorize \_\_\_\_\_ (payee/company name) to initiate payments from my Redstone Bank account indicated above and to make any necessary adjustments for any debit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Signature \_\_\_\_\_ Date \_\_\_\_\_