



# Transferring Your **AUTOMATIC PAYMENTS** to Frandsen Bank & Trust

When you receive your new FB&T checks, complete and print one copy of the form below for each payee with whom you have arrangements for Automatic Payments. Attach a voided Frandsen Bank check to each form, sign, date, and mail or deliver to each payee.

## Authorization to Change Automatic Payment

To \_\_\_\_\_  
NAME OF COMPANY RECEIVING AUTOMATIC PAYMENTS ACCT. NO.

On \_\_\_\_\_ I/we closed my/our Checking Account at  
MONTH / DAY / YEAR

\_\_\_\_\_  
NAME OF PREVIOUS FINANCIAL INSTITUTION ACCT. NO.

I/we authorize the Company named above to initiate debit entries and, if necessary, to initiate any credit entries to correct an erroneous debit entry, to my/our new account at Frandsen Bank & Trust, for the purpose of making the automatic payments from this account:

**FRANSEN BANK & TRUST** Routing No. 091901202 \_\_\_\_\_  
NEW ACCT. NO.

Bank Address \_\_\_\_\_  
STREET ADDRESS OR P.O. BOX CITY STATE ZIP CODE

Payment Amount \_\_\_\_\_ Starting on \_\_\_\_\_  
MONTH / DAY / YEAR

I/we have enclosed a voided check to verify the new account number. I/we understand that this authorization replaces any previous authorization and will remain in full force and effect until the Company named above has received written notification from me/us of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act on it. I/we acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

\_\_\_\_\_  
PRINT NAME OF PAYER/ACCOUNT HOLDER SOCIAL SECURITY NO.

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
PRINT NAME OF JOINT ACCOUNT HOLDER SOCIAL SECURITY NO.

\_\_\_\_\_  
SIGNATURE DATE