

Automatic Payment Change Authorization

Complete this form and submit it to any company or organization that automatically withdraws payments from you, existing account.
Please complete a form for each payment involved, and remember that a change can take a few weeks to process.

Date: _____

To (Company): _____

Address: _____

City, State, Zip: _____

Dear (Company) _____:

I have recently changed banks and will need to have my automatic payments switched from my old account to my new Ascend Bank account. Below you will find any personal information you may need to aid in this process.

I currently have my automatic payments withdrawn from:

Financial Institution Name: _____

Account Number: _____

Routing Number: _____

Please change my automatic payment to my new Ascend Bank account as soon as possible.

Account Holder Name with Your Organization: _____

Account Number with Your Organization: _____

Type of Payment (Mortgage, Car Insurance, etc.): _____

Ascend Bank Account Information:

Account Number: _____

Routing Number: _____

Type of Account: Checking Savings

Ascend Bank Address: One Park Street, P.O. Box 369, Guilford, CT, 06137

I have attached a voided check from my new Ascend Bank account (if available). Please send me written confirmation of when this will be effective. If you should have any questions regarding this change, please call me on my daytime phone number:

Sincerely,

Customer Signature: _____

Name: _____

Address: _____

City, State, Zip: _____