



CROSSROADS

— B A N K —

AUTOMATIC PAYMENT AUTHORIZATION FORM

To: _____ Date: _____

This letter serves as authorization for you to change the customer account information for automatic payments for account number: _____ in the names of:

_____ .

Effective the date of this correspondence, the customer's new account information is:

Account Number: _____ Checking Savings

Bank Routing Number: 114917924

Thank you,

I hereby authorize the changes noted above to my account.

_____ Account Holder Signature	_____ Date	_____ Telephone
_____ Account Co-holder Signature (If jointly owned)	_____ Date	_____ Telephone

