



CROSSROADS
— B A N K —

AUTOMATIC DEPOSIT AUTHORIZATION FORM

To: _____ Date: _____

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

Effective as of the date of this correspondence, our 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

