

Brannen Bank

FINANCIAL SOLUTIONS SINCE 1926

Automatic Payment Authorization

Company Name

Company Address

Please change the automatic payment authorized to my bank account listed below:

First Name

Middle

Last Name

Address

City

State

Zip Code

Phone Number

Account Number

Social Security Number

Date of Birth

New Account Information

Account Type: Checking Savings

Account Number: _____ ABA Routing #: _____

OR Card #: _____ Exp. Date: _____

I hereby authorize, _____ (Payee/Company Name) to initiate payments from the Brannen Bank Account listed 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 authorization to terminate this service.

X _____

Authorized Signature

Date