Automatic Withdrawal Authorization

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Many companies and agencies will allow you to change your payment account on your profile page of their website.

Notification of	Withdrawal Authorization Change	Automatic Withdrawal Checklist:
Name of Company:		
Account Number:		What automatic withdrawals do you have coming from
Payment Amount:		your account each month? This list will help you remember:
Address:		
City, State, ZIP:		Home Mortgage
Phone Number:		Auto Loans
		Utilities
Please change my auto	omatic withdrawal from the following account:	Insurance
Financial Institution	-	Cable/Internet
		Gym/Club Memberships
Account #	Bank Routing#	Credit Cards
Please make all futu	re automatic withdrawals from the following account:	Investments
Financial Institution:	Benchmark Community Bank	Subscriptions
Account #	Bank Routing# 0514 0248 2	Charity Donations
Thank you very m	uch.	
	main in effect until I have submitted to you a new authorization, or until y me in writing that this authorization has been changed or revoked.	
Signature:	Date:	
Name:		
Address:		
City, State, ZIP:		
Phone Number:		



