

AUTOMATIC PAYMENT SWITCH FORM

New Automatic Payment Request

Change Automatic Payment Request

YOUR INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (Day) _____

COMPANY/PAYEE INFORMATION

Company/Payee _____

Address _____

City _____ State _____ Zip _____

Account Number _____

PAYMENT INFORMATION

Debit Amount: \$ _____ Date of Debit: _____

Routing Number: 221271951

Account Number: _____

Type Of Account: Checking

Savings

Frequency of Payment: Weekly

Bi-Weekly

Monthly

Quarterly

Thank you for your assistance with this matter.

Sincerely,

Account Holder Signature

Date



Fill out one Switch Form for each automatic payment that you would like switched to Spencer. Additional forms can be picked up at your local branch. Include a copy of a voided Spencer check along with this request.