Automated Payment/Deposit Change Request

To: ________________________________ Date: _____________________

Company / Financial Institution Name

______________________________

Company / Financial Institution Address

City ___________________ State _______________ Zip _______________

Re: Request Change to Automated Payment or Deposit

To Whom It May Concern:

For the following account(s):

☐ Checking Account No. _______________________________
☐ Savings Account No. _______________________________
☐ Other Account Type _______________________________ No. ____________________

I authorize you to process the following (check all that apply):

☐ Redirect automatic deposits to now go into my new Bank of America account
☐ Redirect automatic payments to now go out of my new Bank of America account
☐ Cancel automatic payments from the above account(s)

Effective on _____ / _____ / _____

mm   dd   yyyy

New Bank of America account information:

Bank of America Routing Number _______________________________

Bank of America Account Number _______________________________

From: ________________________________

Your Company Name

______________________________

Your Company Address

City ___________________ State _______________ Zip _______________

Print Authorizing Officer Name ________________________________

Title ________________________________

Authorizing Officer Signature ________________________________

If you have questions, please contact the above officer at:

______________________________

Mobile Phone

______________________________

Office Phone

______________________________

Email

Note: please be sure to confirm the named company or organization can use this form.