

# Automatic Debit/Payment Change Form

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Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

To whom it may concern:

I have changed banks to First Community Bank and would like to change my direct payment instructions.

Currently you are withdrawing my payment from the following account at my old bank:

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
ABA Routing Number

Please stop making payments from this account on \_\_\_\_\_ (Date) and begin making payments from my new account at First Community Bank:

\_\_\_\_\_  
Account Number

114908289  
\_\_\_\_\_  
ABA Routing Number

My Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

My account number with your company: \_\_\_\_\_

Thank you,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date