

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.

Notification of Change for Withdrawal Authorization

Name of Company: _____

Account Number: _____

Payment Amount: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Please change my automatic withdrawal being debited from the following account:

Financial Institution: _____

Account # _____ Bank Routing #: _____

Please make all future automatic withdrawals from the following account:

Financial Institution: The First National Bank of Hooker

Account #: _____ Bank Routing #: 103110046

Thank you!

This authorization will remain in effect until I submit to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.

Signature: _____ Date: _____

Name: _____

Address: _____

City, State, Zip: _____