

EZ Switch Kit

AUTOMATIC WITHDRAWAL CHANGE AUTHORIZATION

Fill out this form and send it to any company or organization (utility, insurance company, charity, etc.) that takes regular electronic payments out of your account.

Withdrawing Company Information:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

To Whom It May Concern:

I have recently switched financial institutions and will require my automatic payments to be updated. Please update the bank information on file for my account with you, which is listed below:

Account number: _____

Payment Amount: _____ Payment Date: _____

Please **discontinue** withdrawing payments from the following account at my former financial institution:

Old Financial Institution Name: _____

Old FI Routing Number: _____

Old FI Account Number: _____

Please **begin** withdrawing payments from the account listed below:

New Bank Name: The Bank of New Glarus and Sugar River Bank Branches

New Bank Routing Number: 075903912

New Bank Account Number: _____ **Effective Date:** _____

If you have any questions, please contact me at the number listed below. Thank you.

Sincerely,

Signature: _____ Address: _____

Print Name: _____ City, State, Zip: _____

Date: _____ Phone: _____



The Bank of New Glarus®
and Sugar River Bank Branches

Member
FDIC

thebankofnewglarus.bank • (608) 527-5205