## **Automatic Payment Authorization Form**

| Date                        |  |                   |
|-----------------------------|--|-------------------|
| To (Company)                |  |                   |
|                             |  |                   |
| City, State, Zip            |  |                   |
| •                           | ged banks and will need to have my automatic p<br>he Commercial Bank. Below you will find person |                   |
| Name                        |  |                   |
| Address                     |  |                   |
| My Account/Billing #        | with your organization   |                   |
| Amount (if applicable)      |  |                   |
| I currently have my         | automatic payments coming from:  |                   |
| Financial Institution       |  |                   |
|                             |  |                   |
| Banking Routing # _         |  |                   |
| Please change this t        | o my new account with The Commercial Bank as   | soon as possible: |
| Account #                   |  |                   |
| Bank Routing #              | 061110654  |                   |
| Bank Phone #                | 706-743-8184   |                   |
| If you need addition        | al information to make this change, please contac  | ct me at          |
| Thank you for your a        | ssistance in this manner.  |                   |
| Sincerely,                  |  |                   |
| I hereby authorize th       | ne change to my account:   |                   |
| Signature of Account Holder |  | Date              |
| Signature of Account Holder |  | Data              |
| Signature of Account Holder |  | Date              |

Attached: Voided check from my new The Commercial Bank Account