

Authorized to change automatic payment/withdrawal

Complete this form for each organization with whom you have arranged automatic payments.

I have closed the following account:

Existing Bank Name	
Account Name	
Account Number	
Effective Date Closed	
Name on Account	
Social Security Number	

I have opened the following new Commercial State Bank account:

Account Name	
Account Number	
Routing Number	104103900

I hereby authorize automatic payment from my new Commercial State Bank account to the following organization effective as of the date noted:

Company Name	
Address	
City/State/Zip	
Effective Date	

Please accept this notification which authorizes you to begin making automatic withdrawals from my new Commercial State Bank account pursuant to the above. If this is not sufficient authorization, please contact me.

Name _____

Address _____

City/State/Zip _____

Phone _____

Signature _____ Date _____

Wausa
PO Box 179
Wausa, NE 68786

Nebraska City Branch
PO Box 40
Nebraska City NE 68410

Elkhorn Branch
1918 North 203 St.
Elkhorn NE 68022

