Complete this form and submit it to any company or organization who is automatically withdrawing payments from your existing account.

To:	Company Name:
	Address:
	City, State, Zip:
	Account/Policy #:
	Ny current payment amount is: \$
	am currently paying the Total Amount Due
To Whom It May	Concern:
Effective/_ my account at Pa	/, I hereby authorize my automatic payments to come from thfinder Bank.
Na	me:
Ado	dress:
Cit	y:
Sta	te:Zip:
Soc	cial Security Number:
Ple	ase redirect my automatic payment to come from my new account:
Ne	w Bank Routing Number: 221370894
Ne	w Bank Account Number:
Acc	count Type: 🖵 Checking 🖵 Savings
The	ereby authorize to have my direct deposit switched to my account with
Pat	hfinder Bank.
Sig	nature:Date: