



Switch Kit Automatic Payment Change Request

Date _____

Dear _____:

(Vendor)

I am writing to notify you of a change in my bank account information. I currently have my payment automatically withdrawn from my checking savings account # _____ at _____ Bank on the _____ of the month. I would like to transfer these monthly transactions to my new bank, Treasure State Bank. This letter shall serve as written notification of that intention. My account # with you is _____ (if applicable).

I understand that I need to provide at least ten (10) business days prior to the next scheduled transaction.

My new checking savings account # is:

Treasure State Bank's ABA Routing Number is 092905508.

Thank you,

Signature

Date

Name _____

Address _____

City, State, Zip _____

Phone # _____

(Reminder: Attach a voided check from your new TSB account to this form.)