

## Automatic Payment Authorization Form

NOTE: Check with your Payee to make certain no other information or specific form is necessary to complete the change of your automatic payment to your Bradford National Bank account or debit/credit card account. If this form is acceptable, complete the information below and provide it to your Payee.

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Payment Type: \_\_\_\_\_

### Please change the account used for Automatic Payment to my new account:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security Number (if needed): \_\_\_\_\_

### My New Account Information

Account Type:     Checking   Savings

Account Number: \_\_\_\_\_ Routing / ABA Number: 081905014

### OR

Card Type:         Debit Card   Credit Card

Care Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*I hereby authorize \_\_\_\_\_ (payee/company name) to initiate payments from my Bradford National Bank Account indicated above and to make any necessary adjustments for any debit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.*

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

*For checking accounts, please attach a preprinted voided check from your new account to this form and provide to your payee.*