



Authorization to Change Automatic Payment/Draft

Complete this form to cancel your automatic payments/drafts (ex. Utilities, telephone, etc.) that you make from your former bank account. Print as many copies of this form as you need and mail one to each of the companies that you have an automatic payment/draft with before your next payment is due. Please allow sufficient time for change. This form is recommended for variable dollar amount transfers.

I have closed my checking account at:

Name of former financial institution

Former institution's ABA Routing Number _____

Former account number _____

Name on account _____

Social Security Number _____

I hereby authorize payment/draft from my new First Community Bank checking account.

Company to receive this form _____

Account number at this company _____

First Community Bank's ABA Routing number: 064204075

My First Community Bank account number: _____

Signature: _____
Date

Signature: _____
Date

Daytime Phone Number: _____