

Authorization to Change Automatic Payment

Please update my existing authorization for payment. I have opened a new deposit account at Illinois State Bank and I would like to establish automatic payments from this account.

Company/merchant information

Name of company

Account number

Company address,

city, state, zip

Previous bank account information

Previous bank name Routing#

Previous bank account #

Checking account

Savings account

New bank account information

Illinois State Bank

275071356

New bank name

New routing#

New bank account #

Checking account

Savings account

Customer information

Customer name (please print)

Phone number day/ evening (circle one)

Address,

city, state, zip

Customer signature

Date

Please attach a voided check here.