



Change Automatic Withdrawals

Date

Name of Company Making Automatic Withdrawal

Address

City, State, Zip

**To Whom It May Concern: You are currently withdrawing _____ (amount)
for my _____ (what payment is for)
_____ (account #. and/or I.D. #)
_____ (when) from the following account**

Old Bank: _____

Bank Routing Number: _____

Account Number: _____

Please stop making withdrawals from that account and instead withdraw from:

Financial Institution Name: **Inland Bank**

Bank Routing Number: **071925596**

Account Number: _____

If you have any questions about this request, please contact me during the DAY EVENING (check one) at:
_____ (phone number).

Thank you.
Sincerely

Signature

Name (please print)

Address

City, State, Zip

