

This form allows you to change the status of Automatic Payments to they can be taken out of your new Hiawatha Bank account. **Please print out one form for each automatic payment.**

AUTOMATIC PAYMENT AUTHORIZATION FORM

Company Name

Company Address

City

Account Number

Please change the Account used for the Direct Deposit to my new bank account:

Last name First Name Middle

Address

City State Zip Code

Phone Number (Day) Social Security #

My New Account Information:

Account Type: Checking Savings

Account Number: _____ Routing Number / ABA# 073922607

I hereby authorize _____ (company name) to make deposits to my Hiawatha Bank Account indicated above and to make any necessary adjustments for any credit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Signature _____ Date _____