

Carroll Community Bank New Account Switch Kit

Authorization to Change Automatic Payments

This form is to authorize you to change the account from which you debit my automatic payments.

Company Name			
Address:			
City:	State:	Zip:	
Name on Account:			
Account Number with Company:			
Your Address:			
City:	State:	Zip:	
Please discontinue making payments from my old account:			
Old Financial Institution's Name:			
ABA/Routing Number:			
Account Number:			
I hereby authorize any future automatic payments to be electronically debited from my new Carroll Community Bank account.			
Carroll Community Bank ABA/Routing Number:	255072537		
My New Carroll Community bank Account Number:			
Signature:	Date:		
Make sure to contact each company that is set up on Automatic Payments. To ensure you may not have missed someone please look over the Auto Payments Checklist.			