



AUTOMATIC PAYMENT AUTHORIZATION FORM

Company Information: (Enter the company you want payments directed to here)

Name:
Address:
City: State: Zip Code:
Account Number:

From: (Enter your personal information here)

Name:
Address:
City: State: Zip Code:
Phone Number:

To Whom It May Concern,

I have recently switched financial institutions. Please redirect my automatic payments from my old account and begin withdrawing from my new Perennial Bank account indicated below

New Account Information: (Enter your Perennial Bank information here)

Perennial Bank Routing Number:
Account Number: ☐ Checking ☐ Savings
Signature: Date:

EFFECTIVE: ☐ Immediately ☐ Beginning ___ / ___ / ____
PAY: ☐ Total Amount ☐ \$ _____

**Tip: Be sure to include a voided Perennial Bank check with this form, or we can provide you with a letter of Account Confirmation that lists your new account information.*

