



CITIZENS SAVINGS BANK

Automatic Payment Authorization Change

Use this form to authorize a change to any automatic payment or withdrawal by any company that will be debiting your Citizens Savings Bank account. Use one form for each automatic payment.

Name of Company: _____

Account Number: _____

Payment Amount: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Please **change** my automatic withdrawal from the following account:

Financial Institution: _____

Account # _____ Bank Routing # _____

Please make all **future** automatic withdrawals from the following account:

Financial Institution: Citizens Savings Bank

Account # _____ Bank Routing # 073915915

This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Signature

Date