AUTOMATIC PAYMENT CHANGE REQUEST FORM – *Form 2*

☐ Change Request ☐ New Request

Complete a separate form for each payment. This form may be copied.
Don't forget that many automatic payments can be set up directly online with GenoaBank Bill Pay!

COMPANY INFORMATION

Name _____ Date _____

Address _____

City, State, Zip Code _____ Phone _____

PAYEE/VENDOR INFORMATION (Complete as much as possible)

Name _____ Account Number _____

Address _____

City, State, Zip Code _____ Phone _____

NEW BANK INFORMATION

Financial Institution: GenoaBank
Routing Number: 041209624 *(GenoaBank)*
Account Number: _____
☐ Checking ☐ Savings

Effective immediately, I, _____ hereby authorize the above-referenced Payee/Vendor and GenoaBank to initiate entries into my GenoaBank account(s).

This authorization will remain in effect until I notify the referenced vendor in writing to cancel this request within a reasonable amount of time.

Signature *Printed Name* *Date*

Member FDIC