

Automatic Payment Change Form

Use this form to request an automatic payment from your Cross County Bank checking account. Complete this form for each automatic payment.

COMPANY NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____

ATTN: ACCOUNTING / ACCOUNTS RECEIVABLE
RE: SWITCHING MY AUTOMATIC PAYMENT TO ANOTHER BANK

I have recently changed banks and would like my automatic payments with your Company changed to my new account. Please discontinue debiting the below account and begin making automatic withdrawals from my new Cross County Bank account effective _____ (date).

If you have questions, contact me by mail or call me at the phone number listed below. Thank you.

Authorized Signature

Date

ACCOUNT PAYMENT INFORMATION:

Account Holder Name

Phone: Day / Evening (circle one)

Address

City, State, Zip

\$ _____
Amount Debited

Day of Payment

Payment or Reason

Old Bank Name

Old Routing Number

Old Account Number

New Bank Name: Cross County Bank, PO Box 9, Wynne, AR 72396-0009

New Routing Number: 084101514

New Account Number (10 digit number)

Attach a voided check from your Cross County Bank Checking Account.