

## Automatic Payment Change Form

Use this form to request an automatic payment from your Cross 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 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 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 Bank Checking Account.*