



AUTOMATIC PAYMENT AUTHENTICATION

COMPANY INFORMATION

NOTE: Check with your Payee to make certain no other information or specific form is necessary to complete the change of your automatic payment to your new bank account or debit/credit card account. If this form is acceptable, complete the information below and provide it to your Payee.

Company Name _____

Company Address _____ City _____ State _____ Zip _____

Account Number _____ Payment Type _____

CHANGE OF ACCOUNT

Please change the account used for Automatic Payment to my new account:

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Social Security # _____

MY NEW ACCOUNT INFORMATION

Account Type Checking Savings Account Number _____ Routing # ABA # 075906854

OR

Card Type Debit Card Credit Card Card Number _____ Expiration Date _____

I hereby authorize _____ (payee/company name) to initiate payments from my Hometown Bank Account indicated above and to make any necessary adjustments for any debit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Signature _____ Date _____

For checking accounts, please attach a preprinted voided check from your new account to this form and provide it to your payee.