



Automatic Payment Change Request

Please fill out this form for each automatic payment change request.

As a Local Bank customer, you have access to Bill Pay where many automatic payments can be set up directly in Local Banks Bill Pay!

Vendor/ Payee Information

Company Name: _____

Date: _____

Address: _____

Phone: _____

City, State, Zip: _____

Individual Information

Name: _____

Date: _____

Address: _____

Phone: _____

City, State, Zip: _____

Local Bank Account Information

Financial Institution: **Local Bank**

Routing Number: **062104397** (Local Bank)

Account Number: _____

Effective immediately, I authorize the vendor/ payee referenced above and Local Bank to initiate transactions into my Local Bank account. This notice will remain in effect until I send a notice of change or cancelation.

Printed Name

Date

Signature