



## AUTOMATIC PAYMENT CHANGE REQUEST

### COMPANY INFORMATION

Company Name

Address Line 1

Address Line 2

City

State

Zip

Company Phone Number

Contact Person

### CUSTOMER INFORMATION

Your Name

Social Security Number

Address Line 1

City

State

Zip

Daytime Phone Number

Cell Phone Number

Community Bank Account Number

☐ Checking

☐ Savings

Vendor Account Number

Amount to Pay Vendor

☐ Full Amount

☐ Minimum

☐ Other \$ \_\_\_\_\_

### COMMUNITY BANK INFORMATION

Address

City

State

Zip

300 St. Andrews Drive

Mankato

MN

56001

Community Bank Phone Number

Community Bank Routing/Transit Number

507-385-4444

091915890

**I Authorize:** Effective immediately, I authorize and direct the Vendor/Service Provider to initiate debit entries to my Community Bank account indicated above to pay amounts due on my Vendor Account as specified above. This authorization will remain in effect until the Vendor received written notice of termination from me in such time and such manner as to afford the Vendor a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions from my account must comply with provision of U.S. laws.

Please Note: If this form is not sufficient to establish or change the automatic payment; please forward the appropriate form to my address.

Account Holder Signature

Print Name

Date