



Building Friends, Families and Futures

Use this form to change your automatic withdrawals

AUTOMATIC WITHDRAWAL AUTHORIZATION

NOTIFICATION OF AUTOMATIC WITHDRAWAL AUTHORIZATION CHANGE

To Whom It May Concern:

Name of Company:

Account Number:

Payment Amount:

Address:

City, State, Zip:

Phone:

PLEASE DISCONTINUE MY AUTOMATIC WITHDRAWAL FROM THE FOLLOWING ACCOUNT:

OLD FINANCIAL INSTITUTION:

Account Number:

Payment Amount:

Address:

City, State, Zip:

Phone:

PLEASE MAKE ALL FUTURE AUTOMATIC WITHDRAWALS FROM THE FOLLOWING ACCOUNT

FINANCIAL INSTITUTION: **Kansas State Bank**

ABA/Routing Number: **101100964**

Account Number:

THANK YOU VERY MUCH.

Signature:

Date:

Please Print

Name:

Address:

City, State, Zip:

Phone Number: