



Automatic Payment Change

_____ (Date)

Name of payee that automatically debits payment from your account
(i.e. insurance company, mortgage provider, utility company)

Address

City

State

Zip

To Whom It May Concern:

You are currently debiting payment for my account number _____
from:

Bank Name _____

Routing Number _____

Account Number _____

Effective immediately, I hereby authorized you to stop debiting from this account
and start debiting this payment from my new account at Shore United Bank.

Bank Name **Shore United Bank**

Routing Number **052100932**

Account Number _____

Checking

Savings

Please send me confirmation indicating when this change takes effect. My contact
information is below.

Sincerely,

Your Signature

Print Name

Street Address

City, State, Zip

Phone Number