



PO Box 151 • Spencer, IN 47460 • (888) 275-6272

AUTOMATIC PAYMENT AUTHORIZATION FORM

To: _____

Date: _____

To Whom It May Concern:

I hereby authorize an automatic payment from my new account at **Owen County State Bank**. Enclosed is a voided check (or deposit slip) from my new account.

Routing #: 074912865
Account #: _____ Bank Contact: _____
Account Type: _____ Phone #: _____

Please discontinue the automatic payment from my previous account immediately.

Old Account Information

Bank: _____
Routing #: _____
Account #: _____

If you require further information or if this letter is *not* sufficient enough to make this change, please contact me at the number below. Thank you for your assistance in this matter.

Sincerely,

x _____
Signature of Account Holder

x _____
Signature of Account Holder

Account Holder Name(s): _____
Street Address: _____
City, State, Zip Code: _____
Contact Phone #: _____
Your Customer Account #: _____

Attach a voided check or deposit slip to this form.