



## AUTOMATIC PAYMENT AUTHORIZATION FORM

**Note:** Make sure to check with your Payee to ensure no other pertinent information is required to complete the automatic payment change. If this form is acceptable, please attach a preprinted voided check from your new account and provide it to your Payee.

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Payment Type: \_\_\_\_\_

### Please change the account used for Automatic Payment to my new bank account:

Customer First and Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Last 4 of Social Security Number: \_\_\_\_\_

### New Account Information

Account Type:  Checking  Savings  Debit Card  
Account Number: \_\_\_\_\_ Routing Number: 102107034  
Expiration Date: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to initiate payments from my First Southwest Bank Account indicated above. This authority shall remain in effect until I have given written notice to terminate this service.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please attach VOIDED check in the space provided above.*

**866.641.3792 | fswb.bank | info@fswb.com**

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