Please change accounts for automatic payments.

Complete and mail this form to the company receiving payments for immediate processing.

Date:		
Company Receiving Payments:		
Company Address:		
City:	State:	Zip:
Phone:		
•	s to Bank Midwest and authorize th Bank Midwest effective on this date	e redirect of my automatic direct payments e/
PAYMENT INFORMATI	ON	
Account Number:		
Payment Amount:		
Frequency: 🗖 Monthly 🗖 Bi-w	veekly 🗖 Bi-weekly	
Please start making automatic	payments using my new account:	
NEW BANK MIDWEST	ACCOUNT INFORMATION	
New Bank Name: Bank Midw	est	
Type of Account: 🚨 Checking	☐ Savings (check one)	
New Account Number:		
New Routing Number: 09120	01643	
Please contact me if you have	any questions about this request.	
Phone:		
Sincerely,		
Signature:		
Name:		
Address:		
City:	State:	Zip: