

CHANGE AUTOMATIC WITHDRAWAL

____ / ____ / ____
Effective Date

Name of Company That Makes Automatic Withdrawals

Address

City State Zip

To whom it may concern:

You are currently withdrawing \$ _____ **for my** _____ (what payment is for),
from _____ (account number), **on** _____ **from the following account:**

Financial Institution Name

Routing Number Account Number Checking Savings

Please stop making withdrawals from that account and instead make them from:

F&M Bank & Trust

Financial Institution Name

073900580

Routing Number Account Number Checking Savings

If you have any questions about this request, please contact me at: _____

Thank you.
Sincerely,

Signature

Name (please print)

Address

City, State, Zip

Make as many copies as needed.