AUTOMATIC PAYMENT CHANGE NOTIFICATION

	Employer Name or Organization					
	Street Address			City	State	Zip
n:						
	Account Holder					
	Street Address					
	City	State	Zip		Daytime Phone	

RE: Notification to Change Automatic Payment

	Please note the change in my automatic pay to my new checking account:	yment for account	
	Financial institution: <u>1st Security Bank</u>		
	Routing #:325182289	Account #:	
OR	Debit Card #:	Exp. Date:	V-Code:
I here	by authorize the organization above to chang	ge my automatic payment effective	

This authorization will remain effective until I provide written notice of change or cancellation.

Signature

Date

1ST SECURITY BANK

