

PLEASE CHANGE MY AUTOMATIC PAYMENT ACCOUNT

Use this form to request a transfer of an automatic payment, (Loan Payment, Insurance, etc.) to your Sullivan Bank account, or to establish a new automatic payment from your Sullivan Bank account. Complete this form for each automatic payment, and allow sufficient time for your first automatic payment to be activated against your new Sullivan Bank account.

(Please Print)

Company Name _____

Company ID Number _____

Effective _____, please stop making withdrawals from

(Previous Bank)

Effective _____, please start making withdrawals from my/our new

Sullivan Bank checking account.

Sullivan Bank

P.O. Box 489 · Sullivan, MO 63080-0489 · (800) 645-3191

Routing Number 081905302

Type of Account (check one) Checking Savings

Account # _____

Signature (Account Owner) _____ Date _____

Name (Print) _____ Daytime Phone _____