

# CHANGE AUTOMATIC WITHDRAWAL



Use this form to notify businesses receiving electronic payments that you have a new bank account number.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business name

\_\_\_\_\_  
Address City State ZIP code

**Please discontinue withdrawing \$ \_\_\_\_\_ (amount) on \_\_\_\_\_ (date) from the following bank account:**

Financial institution: \_\_\_\_\_

Financial institution routing number: \_\_\_\_\_

Financial institution account number: \_\_\_\_\_

**And, begin making them from my new account:**

Financial institution: **Associated Bank**

Associated Bank routing number: **075900575**

Account number: \_\_\_\_\_

**If you have any questions, please contact me at:** (phone number) \_\_\_\_\_  Day  Evening

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Billing address City State ZIP code

\_\_\_\_\_  
Signature (sign in the presence of a notary public)

**Notary Public (If required by your financial institution)**  
(SEAL)

Signature \_\_\_\_\_

Notarized this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

County of \_\_\_\_\_

State of \_\_\_\_\_

Commission expires \_\_\_\_\_

**For Office/Internal Use:**  
Billing account number: \_\_\_\_\_