Automatic Withdrawal Authorization

Date			STATE BAN
Company Name			Attach Voided Chec
Address			
City	State	Zip	
Account Number with Company:			

To Whom It May Concern:

This memo serves as notification that I have established a new checking or savings account with Union State Bank. Attached you will find a voided check from my account. You are currently:

Withdrawing \$ _____ Per _____

Withdrawing my current billing amount

From the following account:

Old Bank:	Routing Number:		Account Number:
Payment Reason:	Payment Date:		

Please make this change effective immediately.

Listed below are the relevant account and routing numbers needed for you to establish automatic withdrawals to my new Union State Bank account.

Union State Bank Routing Number: 101100993				
Account:	Amount:	Account Number:		
Checking				
Savings				
Other				

If you have any questions about this request, please contact me.

Signature: _____ Name: ______ Address: _____ City: _____ State: ____ Zip: _____ Phone: _____

If this form is not sufficient to establish automatic withdrawal, please forward the authorized form for my signature.



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