Bank Iowa®
Your Success. Our Priority.

AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

Complete a separate form for each automatic payment.

Name of payee:

_____

Payee address:

_____

My Name: _____

My Address: _____

My SSN: _____

I plan to close my checking account at:

_____

Account # _____

Effective immediately, I authorize payment from my new checking account at:

Bank Iowa Clarinda
101 N. 15th St.
Clarinda, IA 51632
Phone: 712.542.2121 Fax: 712.542.5155
www.bankiowabanks.com

My new checking account # is: _____

The new routing/ABA # is _____

I have attached a voided check to verify the new account information. I understand it may take up to 30 days for the receiver to process this request.

Signature: _____

Phone number: _____

Date: _____