



Authorization To Change

Today's Date

# Automatic Payment

I am in the process of closing my  Checking /  Savings account at:

\_\_\_\_\_ Old Acct. #: \_\_\_\_\_  
Name of Financial Institution where account is closing (Please print)

Name of Account Holder(s): \_\_\_\_\_

Address of Account Holder(s): \_\_\_\_\_

I hereby authorize Automatic Payment from my  Checking  Savings account beginning \_\_\_\_\_  
Month/Day/Year

New Financial Institution: **Minnwest Bank** Routing#: **091915845**

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City State Zip Code

New Minnwest Bank account #: \_\_\_\_\_

\*\*\*I have enclosed a Voided Check to verify the account number.\*\*\*

Signature(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Complete this form for each company or organization with whom you have an arrangement for Automatic Payment. Call your Minnwest Banker for additional forms.



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