

AUTOMATIC PAYMENT AUTHORIZATION

Note: Check with the payee to make certain no other information or specific form is necessary to complete the change of your automatic payment to your new checking account. If this form is acceptable, complete the information below and provide it to the payee.

AUTOMATIC PAYMENT AUTHORIZATION:

COMPANY NAME					
COMPANY ADDRESS					
CITY		STATE		ZIP	
ACCOUNT NUMBER			PAYMENT TYPE		

Please change the account used for Automatic Payment to my new account:

NAME					
ADDRESS					
CITY		STATE		ZIP	
PHONE			SOCIAL SECURITY #		

My new payment information: UNION SAVINGS BANK / 225 MAIN STREET / DANBURY, CT 06810

Account Information

Account Type: Checking
Account Number:
Routing #: 221172241

Card Information

Card Type: Debit
Card Number:
Expiration Date #

I hereby authorize:

- The payee/company listed above to initiate payments from my Union Savings Bank checking account listed above.
- The payee/company listed above to make any necessary adjustments for any debit made to my account in error.
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

ACCOUNT HOLDER SIGNATURE

For checking accounts, please attach a preprinted voided check from your new checking account to this form and provide it to your payee.