



Automatic Withdrawal Form

_____	_____
Date	Company Mailing Address
_____	_____
Name of Company	Company City, State, Zip

To Whom It May Concern:

I have recently changed my account to Vision Bank. Please change the following regular payment of _____ as specified below:

Please cancel my automatic payment

Former Bank Routing Number

-or-

Former Bank Account Number

Please change my automatic payment over to my new account at Vision Bank

Vision Bank Routing Number

Vision Bank Account Number

For your convenience, I am enclosing a voided check and/or deposit slip. If you have any questions regarding this request, please do not hesitate to call.

_____ Day Evening

Phone Number

Sincerely,

Signature

Personal Mailing Address

Name - Please Print

Personal City, State, Zip

E-mail Address