

Simple Switch

Authorization To Change
Automatic Payment

Complete this form for each company or organization with whom you have arranged for automatic payment. Please let us know if you need more forms, or make copies of this form.

I have closed my checking account at:

Please print name of financial institution

Effective date of the account closing

Old account number

Name on account

Social Security Number

I hereby authorize automatic debit/deposit to my new checking account at
First Federal Savings & Loan

New Bank ABA Number: 301170817

My New Account Number _____

My/Our Signature(s)

Daytime Phone Number / Work Number

Date

Company to receive this form

Account # with this company (if applicable)



**First Federal
Savings and Loan**