



Farmers & Merchants
Bank of Ashland

Authorization to change - AUTOMATIC PAYMENT

MAKING THE SWITCH

To: _____ Account #: _____

I will be closing my deposit account at: _____
(Name of Financial Institution)

Account Holder: _____ Old Bank Account #: _____

I hereby authorize you to change my automatic payment from my new deposit account starting _____
(date)

New Financial Institution: The Farmers & Merchants Bank, 1501 Silver Street, Ashland, NE 68003 Routing #104901911
Payment will be authorized from: Checking Savings Account Number: _____

Payment amount: \$ _____ (I have enclosed a deposit slip to verify the account number)

Signature: _____ Day-time Phone Number: _____
Complete a form for every company with whom you have arrangement for Automatic Payment.



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