



AUTOMATIC PAYMENT TRANSFER REQUEST

TO:

(Name of Company)

(Street Address of Company)

(City) (State) (Zip) (Account Number)

FROM:

(Your Name)

(Social Security Number)

(Street Address)

(City) (State) (Zip) (Phone Number)

DEAR SIR OR MADAM:

I have recently changed financial institutions and will need to have my automatic payment switched from my old account at _____ (name of old bank) to my new account with Monument Bank.

Monument Bank

573 N Main Street
Doylestown PA 18901
(215) 340-1020
Transit/ABA # 0319-1918-6

Account # _____

Please consider this request, indicated by my original signature, as a formal order to initiate future payments to my new account with Monument Bank. I have enclosed a voided check for your records. Thank you for your prompt attention to this request.

Customer Approval and Authorization:

If you have any questions about this request, please contact me at _____.

Customer's Signature

Date