

Account

Authorization to Change My Automatic Payment Account				
Please make copies of this form to use for any service provider that makes withdrawals from your account.				
 Mortgage/Home Equity Auto Loan or Lease Gas and/or Electric Phone/Cell Phone/Cable/Internet Credit Cards 		 Investments Insurance (Health, Life or Auto) Safe Deposit Box Rental EZ Pass Memberships/Charitable Contributions 		
Date (Month, Day and Year):				
Name of Provider Making Automatic	: Withdrawal:			
Address:				
City:		State:		Zip:
You are currently withdrawing (pleas	se check one):	Monthly 🗆 🤇	Quarterly	☐ Other
\$ Amount:		For my (what payment is for):		
From the following account (accoun	t or ID #):			
Previous Financial Institution:				
Routing # (at the bottom left of your	personal check):			
Account#:				
Please stop making withdrawals from that account. Instead, please make withdrawals from:				
Apple Bank – Routing Number 22	6070584			
Please check one and provide account number:	☐ Apple Checking Account #:		☐ Apple Savings Account #:	
If you have any questions about this following phone number:	request, please co	ntact me during the	day or eve	ning (circle one) at the
Signature:				
Full Name (please print):				
Address:				

Zip:

State:

City: