

Automatic Payment Change Change of Bank Request

To: _____

From: _____

Re: Automatic Payment Change

Please begin making transfers to from our new checking account with Merchants Bank. The appropriate information can be found below as well as the signature of an authorized signer.

New Account #: _____

Merchants Bank ABA #: 011600020

Address: Merchants Bank
P.O. Box 1009
Burlington, VT 05402

Thank you for your prompt attention to this matter. Should you have any questions, please contact me at the following phone number:

_____.

Authorized signer:

(print name)

(signature)

Please make copies for more Change of Bank Requests