Automatic Fund Transfer Authorization Form

I authorize you to make the following changes:

To: _____

_____

Date: _____

To Whom It May Concern:

You are currently withdrawing $ _____ (amount) for my _____ (what payment is for), _____(account or other identifying number), _____(when) from the following account:

Former Bank: _____
Bank Routing Number: _____
Account Number: _____

Please stop making withdrawals from that account and instead make them from:

DeWitt Bank and Trust Company, PO Box Drawer 71, DeWitt AR 72042
Bank routing number: 082902456
New account number: _____

If you have any questions about this request, please contact me during the DAY/ EVENING (circle one) at (____) - ____-____ (phone number).

Thank you.

Sincerely,

_____ _____ _____
Account Holder Signature Date Phone

_____ _____ _____
Account Holder Signature Date Phone

_____
Address

_____
City, State and Zip

DeWitt Bank & Trust Co.