



**AUTOMATIC PAYMENT SWITCH FORM**

*Use this form to notify a company of your request to redirect your automatic payment to your new Friendship State Bank account. Complete one form for each payment.*

**To:**

Merchant Name

Account #

Merchant Addr

Payment Date

Merchant Addr

City, State Zip

**From:**

Name

Please redirect my Automatic Payment from Friendship State Bank account:

Address

Friendship State Bank Account Number

City, State Zip

Checking Account    Savings Account

Telephone

**Payment Amount \$**

**074909988**

Friendship State Bank Routing Number

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Signature

Date

***Merchant—if you are unable to accept this form, please mail and authorization form to your customer at the address listed.***