

# Automatic Payment Checklist

*Use this chart to help keep a record of all of your automatic payments. From there you can either fill out the Automatic Payment forms below, or our Financial Specialists can help you.*

Name of Company/Organization	Account Number	Amount Paid	Date of the month to be paid

## Authorization to change **Automatic Payment**



To: \_\_\_\_\_  
 I will be closing my bank account at \_\_\_\_\_ Old Bank Acct. # \_\_\_\_\_  
 Account Holder \_\_\_\_\_ Customer Account # \_\_\_\_\_  
 SSN \_\_\_\_\_ Address \_\_\_\_\_

*I hereby authorize you to change my automatic payment to my new bank account beginning \_\_\_\_\_ (date).*

New Bank Address: **First Federal Bank of Florida, PO Box 2029, Lake City, FL 32056** Routing # **263184488**

Payment will be authorized from:  Checking  Savings Account # \_\_\_\_\_ Payment Amount \_\_\_\_\_

*I have enclosed a voided check to verify the account number. Please call me with any questions about this request.*

Signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Member FDIC

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