

Automatic Payment Change Authorization

Complete this form and submit it to any company or organization that automatically withdraws payments from you, existing account. Please complete a form for each payment involved, and remember that a change can take a few weeks to process.

Date:	
To (Company):	
Address:	
City, State, Zip:	
Dear (Company):	
I have recently changed banks and will need to have my automatic pay Below you will find any personal information you may need to aid in this	
I currently have my automatic payments withdrawn from:	
Financial Institution Name:	
Account Number:	Routing Number:
Please change my automatic payment to my new GSB account as Account Holder Name with Your Organization: Account Number with Your Organization: Typo of Payment (Mortgage, Car Insurance, etc.): GSB Account Information: Account Number: Type of Account: Checking Savings GSB's Address: One Park Street, P.O. Box 369, Guilford, CT, 06137	Routing Number: 211170208
I have attached a voided check from my new GSB account (If available) If you should have any questions regarding this change, please call me	
Sincerely,	
Customer Signature:	
Name:	
Address:	
City, State, Zip:	