



AUTOMATIC WITHDRAWAL/PAYMENT CHANGE FORM

DATE: _____

COMPANY: _____
Name of Company for which this change is being requested

ADDRESS: _____

CITY, STATE, ZIP: _____

Re Account Number: _____

To whom it may concern:

This letter serves as authorization to have my Automatic Withdrawal/Payment debited from the following new account with State Bank Northwest:

State Bank Northwest Account Number: _____

State Bank Northwest Routing/Transit Number: 125101651

State Bank Northwest Contact Information: 12902 E Sprague Ave.
Spokane, WA 99216
(877) 789-4335

Sincerely,

Signature Date

Joint Signature Date

Printed Name(s): _____

Address: _____

City, State, Zip: _____