



AUTOMATIC ACCOUNT PAYMENT/ WITHDRAWAL CHANGE REQUEST

Submit the completed form to the company from which you are requesting the change.

1. CUSTOMER INFORMATION:	
NAME (First/Middle/Last):	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE NUMBER:	E-MAIL:
CUSTOMER/ACCOUNT NUMBER:	
2. CURRENT INFORMATION: The automatic account payment/withdrawal is currently debited from my account with:	
BANK NAME:	
CUSTOMER/ACCOUNT NUMBER:	
BANK ROUTING TRANSIT NUMBER:	
2. NEW INFORMATION: Please redirect the automatic payment/withdrawal to my account with Mauch Chunk Trust Company as follows:	
MAUCH CHUNK TRUST COMPANY	ROUTING TRANSIT NUMBER: 031307701
ACCOUNT NUMBER:	EFFECTIVE: <input type="checkbox"/> Immediately <input type="checkbox"/> Beginning _____
Please note these special instructions: _____	

3. CERTIFICATION:

I hereby authorize _____, located at _____, to have my automatic account payment/withdrawal transferred to my account with Mauch Chunk Trust Company and to initiate payment/withdrawal from my Mauch Chunk Trust Company account. These instructions shall remain in effect until I provide new written notice.

Please provide confirmation upon completion of this request.

ACCOUNTHOLDER SIGNATURE

DATE

ACCOUNTHOLDER PRINTED NAME