

# ***AUTOMATIC PAYMENT/WITHDRAWAL AUTHORIZATION CHANGE FORM***

To: \_\_\_\_\_  
*Company/Organization*

Address: \_\_\_\_\_  
\_\_\_\_\_

Please accept this letter as my authorization to change the bank account information for automatic payments or withdrawals in the name of \_\_\_\_\_.

Payment Type: \_\_\_\_\_

Effective immediately, the new information is as follows:

**Madison Bank of Maryland**

Routing Number: 2520 7121 4

New Checking Account Number: \_\_\_\_\_

New Savings Account Number: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

If you should have any questions regarding authorization or if this letter is not sufficient, please contact me or send the necessary forms. Thank you for your cooperation.

Sincerely,

\_\_\_\_\_  
*Account Holder Signature*

\_\_\_\_\_  
*Date*