

AUTOMATIC PAYMENT TRANSFER REQUEST

Use this form to request a transfer of an automatic payment to your Cleveland State Bank account, or to establish a new automatic payment from your Cleveland State Bank account. Complete this form for each automatic payment, and attach a voided check from your new Cleveland State Bank account, if available. Please allow sufficient time for your first automatic payments to be activated against your new Cleveland State Bank account.

Attention

Company Name

Address

City, State, Zip

To Whom It May Concern

Please be advised that I have recently changed financial institutions and will need to have my automatic withdrawal switched from my previous account to my new account at Cleveland State Bank. The automatic withdrawal is being applied to the following account, which I have with your organization:

Name

Address

City, State, Zip

Phone Number

Account Number with Your Company

Debit Amount:

I currently pay Total Amount Due

My set payment amount is \$

Please switch my automatic payment

I currently have my automatic debit coming out of the following account:

Previous Financial Institution

Account #

ABA Routing #

Effective immediately, I would like this automatic debit redirected to my new account:

Cleveland State Bank

Account #

ABA Routing #

Account Type:

Checking

Savings

Primary Account Owner Signature

Date