

# Authorization to Change Automatic Payment/Transfer

Please review and complete the following information. Return this form to any banks or vendors who automatically take payments from your checking or savings account (utilities, insurance companies, loan payments, credit card payments, etc...).

To: \_\_\_\_\_ (Company/Vendor Name)  
From: \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_ (City, State, Zip)  
\_\_\_\_\_ (Company/Vendor Account Number)

## RE: Change of Automatic Payments/Transfers

Please discontinue sending my automatic payment(s)/transfer(s) from:

Checking account # \_\_\_\_\_ and/or

Savings account # \_\_\_\_\_ with \_\_\_\_\_  
(Name of Financial Institution)

Please begin using the following **Miners & Merchants Bank** account for my payment(s)/transfer(s):

Checking account #: \_\_\_\_\_ or

Savings account #: \_\_\_\_\_

Miners & Merchants Bank  
16000 Appalachian Highway  
Thomas, WV 26292

Transit/ABA# 051503103

All other aspects of the payment(s)/transfer(s) should remain the same. Please make the change effective as of: \_\_\_\_\_.

If you need additional information please contact me at \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_