



13 Elm Street
PO Box 250
Skowhegan, ME 04976
800.303.9511

Electronic Payment Authorization

To whom it may concern:

This letter is to authorize the change of my automatic payment(s) from my old account to my new account at Skowhegan Savings. Please find the necessary information to fulfill this request below.

This is in reference to the account I hold with your company:

Company Name: _____
My Account Number: _____
My Name: _____
My Street Address: _____
City: _____
State: _____
Zip: _____
Daytime Phone Number: _____

I hereby authorize any future automatic payments to be taken from my new account at Skowhegan Savings.

Skowhegan Savings Routing / ABA Number: 211274476
Skowhegan Savings Account Number: _____
Account Type: _____

Please discontinue making payments from my old account:

Previous Financial Institution: _____
Routing / ABA Number: _____
Account Number: _____

Please send written confirmation of this change, along with the effective date, to the address listed above.

Signature: _____ **Date:** _____

