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CHANGE AUTOMATIC WITHDRAWAL

Date: _____

Customer Name: _____

Account or Membership Number: _____

Name of Company making automatic withdrawal: _____

Address: _____

City, State, Zip: _____

To whom it may concern:

You are currently withdrawing/debiting \$ _____ from the following account:

Bank _____

Bank Routing number _____

Account number _____

Credit Card VISA MasterCard

Discovery American Express

Card # _____

Effectively IMMEDIATELY, STOP WITHDRAWING FROM THIS ACCOUNT. I authorize you to make this automatic withdrawal/debit, as per original agreement, from the following account.

New Buffalo Savings Bank
45 N. Whittaker St.
New Buffalo, MI 49117
Bank Routing Number: 272471519
Acct. Number: _____
 Checking Savings

If you have any questions about this request, please contact me during the DAY / EVENING (circle one) at (_____) _____ (phone #)

Thank you.

Signature

Name (Please print)

Address

City, State, Zip