

IT'S TIME

USE THIS FORM
TO HELP YOU
MAKE THE SWITCH.



AUTOMATIC WITHDRAWAL CHANGE FORM

Name of company that makes automatic withdrawals
(originating company)

Address

City, State, Zip

Regarding my account # _____ with you.
You are currently debiting my:
 Checking Savings

Account #

At (financial institution)

Effective _____, please cancel the above
transaction and begin debiting my account at Allied First Bank:

Account #

Withdraw from:
 Checking Savings
Routing #071993214

If you have any questions about this request,
please contact me at:

Signature

Name (please print)

Date

Address

City, State, Zip

Phone

**Mail this completed form to the company who is
withdrawing funds for the above recurring payment.**

www.alliedfirst.com

(800) 272-3286
(630) 554-8899
Fax: (630) 554-3311

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