Skylands Community Bank

LISTENING IS JUST THE BEGINNING.℠

AUTOMATIC PAYMENT AUTHORIZATION FORM

To:

_____

_____

_____

Date:

_____

This letter serves as the authorization to change the account information for automatic payments in the name(s) of _____, your customer account number _____. The customer has changed accounts to Skylands Community Bank, and the current account number that you are using will no longer be valid.

Effective immediately, the new information is as follows:

Bank Routing Number: **0212 09990**
Customer's New Account Number: _____

If you have any questions regarding this matter, or if this letter is NOT sufficient enough to make this change, please contact _____, and remit all correspondence to _____.

Thank you for your assistance in this matter.

Sincerely,

I hereby authorize the change to my account.

_____ _____ _____
Account Holder Signature Date Phone

_____ _____ _____
Account Holder Signature Date Phone