



## **Automatic Payment Change Request**

Complete this form to have automatic payments paid from your Northway Bank account!

То:			
Company to which payments are made			
Street	City	State	ZIP
From:			
Account holder's name			Phone number
I have opened a new account at Northway Bank. Eff	fective immedia	ately, please have my autor	matic payment for
Account Number		_ deducted from my North	way Bank account.
Currently, my automatic payment is made from:			
currentiy, my automatic payment is made from.	Name of financial institution		
Type of account ( <i>please circle one</i> ): Checking	Savings	Money Market	
Account Number:	ABA Ro	uting Number:	
Please have automatic payments taken from my N	orthway Bank	account:	
Type of account ( <i>please circle one</i> ): Checking	Savings	Money Market	
Account Number:	ABA RoutingNumber: 011700425		
I hereby authorize the changes indicated above.			
	Account holder's signature		
Address		Date	