

Authorization to change
Automatic Payment



To: _____ Account # _____

I will be closing my deposit account at _____
(Name of Financial Institution)

Account Holder _____ Old Bank Account # _____

I hereby authorize you to change my automatic payment from my new deposit account beginning _____ (date)

New Financial Institution: Geauga Savings Bank, 10800 Kinsman Road, Newbury OH 44065 Routing # 241272202

Payment will be authorized from: Checking Savings Account number: _____

Payment amount: \$ _____ (I have enclosed a deposit slip to verify the account number.)

Signature _____ Day-time Phone Number: _____

Complete a form for every company with whom you have arrangement for Automatic Payment.

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