



SIMPLE

SWITCH

Authorization to Change  
**Automatic Payment**

Complete this form for each company or organization with whom you have arranged for automatic payment. For additional forms, call 800-372-9788 or make copies of this form.

I have closed my checking account at:

\_\_\_\_\_  
Please print name of financial institution

\_\_\_\_\_  
Effective date of account closing

\_\_\_\_\_  
Old Account Number

\_\_\_\_\_  
Name on account

I hereby authorize automatic payment from my new checking account at Centennial Bank P.O. Box 966, Conway, AR 72033.

\_\_\_\_\_  
Company to receive this form

\_\_\_\_\_  
My/Our account number at this company

New Bank ABA Routing Number:  
082902757

\_\_\_\_\_  
My New Account Number

\_\_\_\_\_  
My/Our Signatures

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Date



Member  
**FDIC**