



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 888-372-9788 or make copies of this form.

I have closed my checking account at:

Please print name of financial institution

Effective date of account closing

● Id 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