



Automatic Debit Change Form

Please complete this form for each company or organization where you have automatic payment. Once you have completed the form, mail directly to each company or organization. Please note the company initiating the payment, may require additional information or forms in order to complete the change.

Company Name

Company Address

City State Zip Code

Please change the account used for my automatic payment to my new bank account:

First Name Middle Last Name

Street Address Apt. #

City State Zip Code

Social Security Number Phone Number

My New Account Information:

Account Type: Checking Savings
Account Number: _____ Routing Number: 042108517

Card Type: Credit Debit
Card Number: _____ Exp. Date: _____

I hereby authorize, _____(payee/company name) to withdraw payments from my Bank of Lexington account indicated above and to make any necessary adjustments for any debits made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Signature: _____ Date: _____