



DEBIT/CREDIT CHANGE FORM

AUTOMATIC DEBIT/CREDIT AUTHORIZATION CHANGE FORM

NAME OF SERVICE PROVIDER _____

NAME _____

ADDRESS _____

CITY-STATE-ZIP _____

SOCIAL SECURITY NUMBER _____

"I hereby authorize my automatic withdrawal deposit in the amount of
\$ _____ to be changed from my current account number _____
at _____ to my new mBank account as listed below:"

CHECKING SAVINGS ACCOUNT NUMBER _____

mBank ABA ROUTING NUMBER _____

EFFECTIVE DATE _____

DATE OF TRANSACTION _____

AMOUNT TO BE WITHDRAWN DEPOSITED \$ _____

SIGNATURE _____

DATE _____

PLEASE ATTACH A VOIDED CHECK HERE