



AUTOMATIC PAYMENT AUTHORIZATION FORM

Note: Make sure to check with your Payee to ensure no other pertinent information is required to complete the automatic payment change. If this form is acceptable, please attach a preprinted voided check from your new account and provide it to your Payee.

Company Name: _____
Company Address: _____
Account Number: _____ Payment Type: _____

Please change the account used for Automatic Payment to my new bank account:

Customer First and Last Name: _____
Address: _____
Phone Number: _____
Last 4 of Social Security Number: _____

New Account Information

Account Type: Checking Savings Debit Card
Account Number: _____ Routing Number: 102107034
Expiration Date: _____

I hereby authorize _____ to initiate payments from my First Southwest Bank Account indicated above. This authority shall remain in effect until I have given written notice to terminate this service.

Customer Signature: _____ Date: _____
Employee Signature: _____ Date: _____

Please attach VOIDED check in the space provided above.

866.641.3792 | fswb.com



ALAMOSA | CENTER | CORTEZ | DURANGO | PAGOSA SPRINGS | SAGUACHE