

# Automatic Payment Authorization

This serves as notification of a change in my automatic payment information. Effective immediately, you are authorized to establish an electronic payment deduction from my Kennebunk Savings Bank account.

## Billers Information – The company or organization that receives electronic payment.

|              |       |     |
|--------------|-------|-----|
| Company Name | Phone |     |
| Address      |       |     |
| City         | State | Zip |

## Customer Information – The account from which the electronic payment is made.

|                      |       |     |
|----------------------|-------|-----|
| Account Title/Holder | Phone |     |
| Billing Account #    |       |     |
| Address              |       |     |
| City                 | State | Zip |

## Bank Account Information

Kennebunk Savings Routing Number: **211274502**

Bank Account Number \_\_\_\_\_  Checking  Savings

## Authorization

Authorized Signer \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signer \_\_\_\_\_ Date \_\_\_\_\_

Please acknowledge your receipt of this notice by sending confirmation of this request to the CUSTOMER. Please notify customer immediately if this form is not sufficient to complete the requested change.



Kennebunk Savings

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