



Automatic Payment Request Form

Company Name

Company Address

Company Phone

Company Fax

Account Holder's Name

Account Number

Address

City

State

Zip

Home Phone

Work Phone

To Whom It May Concern:

You are currently withdrawing \$_____ (amount) for my

_____ (what the payment is for) from

Financial Institution Name: _____

Routing Number for Institution: _____

Account Number: _____

As of _____ (date), please start making this automatic withdrawal from my new account at:

Madison National Bank
888 Veterans Memorial Highway
Hauppauge, NY 11788
Routing Number: _____
Account Number: _____

If you have any questions about this request, please contact me at _____.

Signature _____ Date _____.

Complete and send this form to each company where you have an arrangement for automatic withdrawal. Print one form for each company.
Don't forget to change any automatic payments set up with a debit card number.