

Automatic Payment Request Form

Company Name

Company Address

Account Holder's Name

Account Number

Account Holder's Address

Home Phone

Work Phone

Email Address

To Whom It May Concern:

You are currently withdrawing \$ _____ from routing number _____

and account number _____ for my _____
(purpose)

Please update your records to reflect my *new* banking information and begin withdrawing payment from:

The Ohio State Bank
111 South Main Street
P.O. Box 1818
Marion, OH 43301-1818

Routing Number: 044102524

Account Number: _____

(check one) Checking Savings

If you require a specific authorization form, please contact me so I can submit the necessary paperwork.

Primary Signer

Date

Secondary Signer

Date

Complete this form for each company that automatically withdraws from your old bank account.



www.TheOhioStateBank.com