

Automatic Payment Change Notice

Complete this form and mail to any organization that is automatically withdrawing funds from your existing account. Be sure to include all of your automatic payments – mortgage, insurance, utilities, cable TV, etc.

Information About Your Previous Financial Institution

Name of Institution

Account Number

Institution Street Address

City

State

Zip Code

Amount of Payment \$

Your Information

Name

Address

City

State

Zip Code

Telephone Number

Social Security Number

Colonial American Bank

300 Conshohocken State Road, Suite 160

West Conshohocken, PA 19428

Tel: 610-941-1266 Fax: 610-941-4655

ABA Routing Number 031918996

Colonial American Bank Account Number

I authorize you to redirect future automatic payment withdrawals to my new Colonial American Bank account beginning (date_____).

Signature

Date

Please request or make additional copies of this form if sending to multiple organizations.