

AUTOMATIC PAYMENT
AUTHORIZATION FORM

To: _____

Date: _____

This letter serves as authorization for you to change the customer account information noted below for automatic payments.

Existing Account Number: _____

Account Holder Name: _____

Effective Date: _____

Orrstown Bank Routing Number: **0313 1503 6**

NEW Orrstown Bank Account Number: _____

I/we hereby authorize the above-referenced account changes.

Account Holder Printed Name

Phone Number

Account Holder Signature

Date

Account Co-holder printed name (if jointly owned)

Phone Number

Account Co-holder Signature (if jointly owned)

Date