



## Automatic Payment or Withdrawal Authorization Change Form

Change automatic payments or withdrawals to German American, including loan payments, insurance payments and transfers to brokerage or savings accounts. Use one form for each automatic payment/withdrawal. Or, many companies and agencies make it easy to change your account on their website.

Date:				
Company Making Withdrawal Information		Customer Information		
Company Name:		Name:		
Address:		Address:		
		City State Zip:		
City State Zip:		Phone:		
Please accept this lett for automatic paymen	er as authorization to change ts or withdrawals for:	the bank account i	information	
Name:				
Account Number Assigned t	o You/Billing Account Number:			
Payment Type (i.e. Mortgage/Auto/Utilities):		Payment Amount:		
I am aware that some Please include those n the new bank informat	automatic payments/withdraw notice periods when determinir tion is as follows:	vals require advanc ig the new effectiv	ce notice of cl e date. Effect	hanges. tive immediately,
Financial Institution	German American			
Account Number		☐ Checking	Savings	Other
ABA Routing Number	083904563			
Address	711 Main Street, PO Box 810, Jasper, IN 47547-0810			
Please call me at			estions about	this request and send
me a written confirmation	on of when the change will be e	ffective.		
Thank you very much.				
Sincerely,				
Customer Signature		Date		
Attach voided check her	re:			