



“SWITCH FORM”

AUTOMATIC PAYMENT/WITHDRAWAL TRANSFER REQUEST

Use this form to transfer your automatic withdrawal(s) from your old bank to your new Community Business Bank account. A voided check from your new Community Business Bank account must be attached when this form is mailed to the vendor(s).

To: _____
Company / Creditor Name

Mailing Address

City State Zip Phone

From: _____
Name

Mailing Address

City State Zip Phone

Social Security Number

Company / Creditor Account Number

RE: Change of Automatic Payment/Withdrawal

PLEASE DISCONTINUE DEBITING ACCOUNT NUMBER _____ (checking / savings)

WITH _____;
Financial Institution

AND CHANGE MY AUTOMATIC WITHDRAWAL TO DEBIT FROM MY NEW COMMUNITY BUSINESS BANK ACCOUNT.

Community Business Bank’s information is as follows:

Community Business Bank
407 East Maple Street, Ste 104
Cumming, GA 30040
678-679-2580
Transit/ABA # 061121014

Withdrawal Instructions:

Withdraw payment from CBB account # _____
Checking / Savings (circle one)

I authorize:

- * The above listed entity to initiate withdrawal of my funds from my Community Business Bank account.
- * Community Business Bank to debit entries to my account.
- * This authorization to remain in effect until I send written notice of change or cancellation.

Signature Date