

Switch to...

Authorization to Change Automatic Payment

Company Name

Company Address

City, ST, Zip

Customer Name

Customer Address

City, ST, Zip

Customer ID/Acct. #

Telephone Number

____ - ____ - _____

I will be closing the account that you are currently deducting my payments from (account # _____)
I hereby authorize you to change my automatic payments to my checking or statement savings
account at Webster Bank, 145 Bank Street, Waterbury, CT 06702.

Webster Bank Routing/Transit # **211170101**

Webster Bank Account #

Webster Bank Account Type

Checking

Savings

Date:

Signature:
