

# Switch to...

## Authorization to Change Automatic Payment

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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, 330 Swansea Mall Dr, Swansea, MA 02777.

Webster Bank Routing/Transit # **211370231**

Webster Bank Account #

\_\_\_\_\_

Webster Bank Account Type

Checking

Savings

Date:

\_\_\_\_\_

Signature:

\_\_\_\_\_