



Automatic Payment Deduction Form

Date: _____

Please note that I am closing the existing account number from which you are authorized to receive automatic payments. This notice authorizes you to establish automatic payment deduction to my new Level One account as of _____.

NEW ACCOUNT INFORMATION:

Level One Account Number: _____

(Check One) Checking Savings

Level One Routing Number: _____
(Please Attach Voided Check)

Customer Signature: x _____ Date: _____

Printed Name: _____

Social Security or Tax Payer ID Number: _____

Customer Signature (Joint signer): x _____ Date: _____

Printed Name: _____

Social Security or Tax Payer ID Number: _____

Please send your acknowledgement of this notice to me at the following address:

Name: _____

Phone Number: _____

Address: _____

Alternative Phone Number: _____