

AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

Name of Payee: _____

Payee Address: _____

My Name: _____

My Address: _____

My SSN: _____

I plan to close my checking account

at: _____

Account #: _____

Effectively immediately, I authorize payment from my new checking account at:

First Heritage Bank
801 S. Fremont
Shenandoah, IA 51601
Phone: 712-246-5118
Fax: 712-246-3554
www.fhbshen.com

My New Account #: _____

New Routing / ABA #: _____

I have attached a voided check to verify the new account information. I understand it may take up to 30 days for the receiver to process this request.

Signature: _____

Phone #: _____

Date: _____