

# AUTOMATIC ACCOUNT PAYMENT/WITHDRAWAL CHANGE REQUEST

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

To Whom It May Concern:

This letter serves as a request to have my automatic account payment/withdrawal transferred to my account with City National Bank. My information is as follows:

Billers/Customer Account Number: \_\_\_\_\_

## Current Information:

The automatic account payment/withdrawal is currently debited from my account with:

Financial Institution \_\_\_\_\_

Account Number: \_\_\_\_\_

ABA Routing Number \_\_\_\_\_

## New Information:

Please redirect the automatic payment/withdrawal to my account with City National Bank as follows:

ABA Routing Number

California (122016066)

New York (026013958)

Account Number \_\_\_\_\_

This request should take effect:  Immediately  Beginning \_\_\_\_\_

Please note the following special instructions: \_\_\_\_\_

If this form is not sufficient to complete this request or if you have any questions, please contact me at ( ) - .

I authorize the company indicated above to initiate payment/withdrawal from my City National Bank account. These instructions shall remain in effect until I provide new written notice.

Accountholder Signature \_\_\_\_\_

Print Name of Accountholder \_\_\_\_\_

Accountholder Mailing Address: \_\_\_\_\_

Accountholder City, State, Zip \_\_\_\_\_