

ELECTRONIC DEPOSIT CHANGE REQUEST

Date: _____

Company: _____

Address: _____

City, State, Zip: _____

To Whom It May Concern:

This letter serves as a request to have my electronic deposit transferred to my account with City National Bank. My information is as follows:

Current Information:

Identification Number: _____

The electronic deposit is currently deposited to my account with:

Financial Institution _____

Account Number _____

ABA Routing Number _____

New Information:

Please redirect the deposit 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 deposits to 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 _____