

Authorization to Change Automatic Funds Transfer

Complete this form for each company or organization with whom you have arranged for automatic payment.

I have closed my checking account at:

Name of Financial Institution: _____
(please print)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I hereby authorize automatic payment from my new checking account at:

Alpine Bank

ABA Routing Number: 102103407

My New Alpine Bank Account Number:

Business or Organization to Receive this Form: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date(s) or Frequency of Payment: _____ Amount: _____

If you have any questions regarding this request, please contact me by mail or call me at the phone number listed below.
If this form is not sufficient for automatic payments, please forward your authorized company form for my signature.

Authorized Signature: _____ Date: _____

Printed Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____



Alpine Bank

alpinebank.com

1.888.4.ALPINE



Member FDIC

