



Simple Switch Kit Automatic Payment Authorization

Automatic Payment Authorization New Change(Complete this form for each automatic payment. You may photocopy this form.)**Vendor/Payee Information:**

Name: _____ Account #: _____

Address: _____ Ph #: _____
_____**Customer Information:**

Name: _____

Address: _____ Ph #: _____

I hereby authorize transfer of automatic payments to my new bank, Union National Bank, and submit this letter as written notice to you.

Please begin debiting payments directly from:**Union National Bank
124 W Oak St
PO Box 249
Sparta, WI 54656****Routing Number: 075902120
Account #: _____
 Checking Savings**

I authorize:

- The above listed entity to initiate withdrawals on my behalf from UNB.
- UNB to accept the automatic payments on my behalf.
- This notice will remain in effect until I provide written notice of cancellation.

(signature)_____
(Date)_____
(print name)

Enclose a voided check for automatic payments coming from a checking account.