Notice of Automatic Withdrawal Change

Company Name:			
Address:			
City:	_ State:	Zip:	
To Whom It May Concern:			
I have recently changed my primar	ry financial institu	tion to Greenville N	lational Bank.
You are currently withdrawing \$_		from my	
\Box Checking account #			
Savings account #			
from my current financial instituti	on:		
with routing #			
The payment is for billing account	t #	an	d is withdrawn
on (date)			
Please begin withdrawing this pay Routing #: <u>042204110</u>	-		l Bank account:
Checking Account#:			
Savings Account#:			
Start Date (mo/day/year):_			
This change is effective imme	diately.		
If you have any additional question	ons, please conta	ct me:	
Name:	SSN/Emplo	oyee ID:	
Address:			
City:			
Home Phone:	Cell I	Phone:	
E-mail:			
Signature:			