

AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

Complete a separate form for each automatic payment. You can photocopy this form or download new forms at www.westshorebank.com.



Name of payee: _____
[Utility, mortgage lender, investment company or other organization you wish to pay automatically from your checking account – please print]

Payee address: _____
[Address of entity auto deducting from your account – please print]

I plan to close my checking account at: _____ Account #: _____
[Name of old financial institution]

Account holder name: _____ Social Security #: _____

Effective immediately, I authorize automatic payment from my new checking account at **West Shore Bank, P.O. Box 627, Ludington, MI 49431-0627**

My new checking account # is: _____ The new routing/transit number is **072408290**.

I have attached a voided check to verify the new account information.

Signature: _____ Daytime phone: _____

Member FDIC