



Bank of Buffalo

AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

Please update my existing authorization for payment. I have opened a new deposit account and would like to establish automatic payments from this account



PAYEE INFORMATION

Company Name

Company Address, City, State, Zip

Account number on invoice/statement



PREVIOUS ACCOUNT INFORMATION

Checking

Savings

Previous Financial Institution Name

Routing #

Account #



NEW ACCOUNT INFORMATION

Checking

Savings

New Financial Institution Name

Routing #

Account #

Amount to be withdrawn

Date of withdrawal



CUSTOMER INFORMATION

Name

Phone #

Address, City, State, Zip



Customer Signature

Date