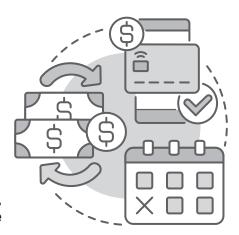


Date:

Automatic Payment Form

Complete this form to provide written authorization to any company that is automatically withdrawing funds from your checking account (e.g., insurance, loans, utilities, health club memberships, etc.). **Some companies may require a different form.** This one can be used as a guideline. Additional copies are available on request.



Company Ir	nformation			
Company Nar	me:			
Address:				
City:		State:	Zi	p:
Please upd	ate my automatic pay	ment information	•	
Bank account		•		to my new First Community
My Name:				
Address:				
City:				p:
Phone Number	er:			
Account Num	ber with Your Company:			
Deduction:		total amount due.	due. My set payment amount is \$	
	☐ I currently pay the	minimum balance.		
FCB Routing Number: 051501299 Accou		Account Type:	☐ Checking	☐ Savings
Your NEW Firs	st Community Bank Acco	unt Number:		
Authorizati	on			
I hereby autho	orize you to switch my aut	omatic payments to n	ny new First Community	Bank account.
O:				
Signature:			ote: tach a VOIDED check from y	your new First Community

Bank checking account when submitting your form.