



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 Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please update my automatic payment information.

I have recently changed banks and would like you to switch my automatic payments to my new First Community Bank account.

My Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Account Number with Your Company: _____

Deduction: I currently pay the total amount due. My set payment amount is \$

I currently pay the minimum balance.

FCB Routing Number: Account Type: Checking Savings

Your NEW First Community Bank Account Number:

Authorization

I hereby authorize you to switch my automatic payments to my new First Community Bank account.

Signature: _____

Date: _____

Note:

Attach a VOIDED check from your new First Community Bank checking account when submitting your form.