

# Please change my automatic payment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of insurance company, mortgage provider,  
utility company, any payee that automatically debits payments from your account

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

To Whom It May Concern:

Currently, you are debiting my \_\_\_\_\_ payment from my  
Indicate the type of payment (what the payment is for)  
old bank account(s):

Current bank information:

Bank Name \_\_\_\_\_ Routing number \_\_\_\_\_

Account number \_\_\_\_\_ Account number \_\_\_\_\_

**Please stop debiting from this account on \_\_\_\_\_ and start debiting this  
Date  
payment from my new account at BankAtlantic.**

New bank information:

**BankAtlantic** routing number: **267083763**

**BankAtlantic** checking account number: \_\_\_\_\_

**Please send me confirmation indicating when this change takes effect.**

If you have any questions regarding this request please contact me.

Sincerely,

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Account number with payee

\_\_\_\_\_  
Phone Number  Day  Evening