



Auto Payment Change Request

Date: _____

Company making auto withdrawal: _____

Address: _____

City / State / Zip: _____

To whom it may concern:

You are currently withdrawing: \$ _____ or a variable amount
from checking/savings account number: _____

to payee account number: _____

Old Financial Institution: _____

Address: _____

City / State / Zip: _____

Future Automatic Payments will come from:

Adams Community Bank
PO Box 306
Adams, MA 01220

Account Number: _____ ABA/Routing Number: 211871523

Automatic Payment Authorization

I, _____, hereby authorized you to redirect future
automatic payments from Adams Community Bank savings/checking account effective
by ___ / ___ / ___.

If you have any questions about this request, please contact me at _____.

Thank you,

Name: _____

Address: _____

City / State / Zip: _____

Signature: _____