CITIZENS STATE BANK

Automatic Payment Change

_____ / _____ / _____
Effective Date

_____
Name of Company That Makes Automatic Withdrawals

_____
Address

_____ _____ _____
City   State   Zip

To whom it may concern:

You are currently withdrawing $_____ (amount) **for my** _____

(what payment is for), **from**_____ (account number), **on** _____ (when)

from the following account:

_____
Financial Institution Name

_____ _____ ☐ CHECKING   ☐ SAVINGS
Routing Number   Account Number

Please stop making with drawals from that account and instead make them from:

Citizens State Bank_____
Financial Institution Name

102103258_____ _____ ☐ CHECKING   ☐ SAVINGS
Routing Number   Account Number

Thank you.

Sincerely,

_____ _____
Signature   Name (please print)

_____
Address

_____ _____ _____
City   State   Zip

CITIZENS STATE BANK