

AUTOMATIC PAYMENT AUTHORIZATION FORM

NOTE: Check with your payee to make certain no other information or specific form is necessary to complete the change of your automatic payment to your new bank account or debit/credit card account. If this form is acceptable, complete the information below and provide it to your Payee.

COMPANY NAME

COMPANY ADDRESS

CITY

STATE

ZIP CODE

ACCOUNT NUMBER

PAYMENT TYPE

I have recently changed banks and would like to have my transactions with your company changed to my new account. Please discontinue transactions from my old account and begin using my new Viking Bank account immediately.

LAST NAME

FIRST NAME

MIDDLE

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

MY NEW ACCOUNT INFORMATION:

ACCOUNT TYPE: CHECKING* SAVINGS

ACCOUNT NUMBER: _____ ROUTING NUMBER/ABA # 291971430

OR

CARD TYPE: DEBIT CREDIT

CARD NUMBER: _____ EXPIRATION DATE: _____

I hereby authorize _____ (payee/company name) to initiate payments from my Viking Bank Account indicated above and to make any necessary adjustments for any debit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

SIGNATURE

DATE

*For checking accounts, please attach a preprinted voided check from your new account to this form and provide it to your payee.

