

Date: _____

Dear: _____,

I am writing to inform you of a change regarding my financial institution concerning account number _____ that I hold with your establishment.

I currently have my _____ payment automatically withdrawn from my checking/savings account number _____ held at _____ on the _____ day of each _____. I would like to transfer these monthly transactions to my new financial institution, **CLAY COUNTY STATE BANK**, therefore please accept this letter as my written notification.

I understand I will need to give you at least two weeks notice prior to the next scheduled transaction. I will anticipate the last transaction from _____ to be dated _____, and the first one from **CLAY COUNTY STATE BANK** to be dated _____.

Thank you for your assistance in this matter. Enclosed please find an automatic payment authorization form that includes the information necessary to begin withdrawals from my **CLAY COUNTY STATE BANK** account.

Sincerely,

Name

Street

City, State and ZIP

Phone Number

Enclosure – Automatic Payment Authorization Form