



Authorization to Change Automatic Payment

Please complete this form for each company or organization with whom you have arranged for automatic payment. Visit Marblehead Bank for additional forms, or make copies of this form.

Once completed, please bring the form(s) back to either of our offices and we'll take care of the changeover. If you prefer, you can mail the form(s) directly to the company or organization.

I have closed my checking account at:

Current Financial Institution Name _____

Account Number _____

I authorize automatic payment from my new checking account at:

Marblehead Bank
21 Atlantic Avenue
Marblehead, MA 01945
781-631-5500

ABA/Routing Number: 211372996

New Account Number _____

Checking or Statement Savings

Company Name _____

Address (where payment is sent) _____

Customer service phone number (if available) _____

Account number at this company _____

Customer Name(s) _____

Customer Address _____

Signature(s) _____ Date _____

_____ Date _____

Phone Number _____