



AUTOMATIC PAYMENT CHANGE FORM

ATTACH VOIDED CHECK

TO WHOM IT MAY CONCERN:

Please accept this form as authorization and request to change the account from which you automatically debit my payment(s) to your company. Please redirect my automatic payment from the 'Old' information to the 'New' information found below.

COMPANY DRAFTING AUTOMATIC PAYMENTS:	MY ACCOUNT NUMBER WITH YOUR COMPANY:
MY NAME:	DATE:

OLD (CURRENT) INFORMATION

Old (Current) Bank Name:	
Old (Current) Bank Account Number:	

NEW EMBASSY INFORMATION

Embassy ABA/Routing Number:	061120903
Embassy Account Number:	
Embassy Account Type (Checking or Savings):	

Please send me a written confirmation of when this change will become effective.

Signature	Date
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