



## Automatic Payment Authorization Form

Complete this form when changing automatic payments or withdrawals from your old account to your Napoleon State Bank account.

### Automatic Payment Information

Company Name:		
Company Address:		
City:	State:	Zip Code:
Company Account Number:		
Payment Amount:	Payment Date:	

### Customer Information

Name:		
Address:		
City:	State:	Zip Code:
Phone Number:		

### Bank Information

Bank Name: <b>The Napoleon State Bank</b>		
Routing Number: <b>074908510</b>		
Account Number:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Address: <b>8912 N US 421 P.O. Box 9</b>		
City: <b>Napoleon</b>	State: <b>IN</b>	Zip Code: <b>47034</b>

I have attached a voided check with this authorization, if applicable.

I authorize the above listed company to automatically initiate payments from my Napoleon State Bank account. I authorize The Napoleon State Bank to debit the funds from my account. Please discontinue my current automatic payments and begin making automatic payments from the account listed above immediately. I am aware that some automatic payments require advance notice of changes.

Please call me at the phone number listed above with any questions concerning this request.

Thank you,

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

