

# BAC Community Bank

## Personal Account: Automatic Payment Request Form

This document serves as a written request to have my current Automatic Payment transferred to my new BAC Community Bank account according to the instructions below.

NAME OF PAYEE ORGANIZATION:

ADDRESS:

FAX NUMBER:

### My Information:

Change my existing Automatic Payment

EFFECTIVE DATE:

AMOUNT:

ACCOUNT NUMBER WITH PAYEE ORGANIZATION:  
(IF APPLICABLE)

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

DAYTIME PHONE NUMBER:

PAYMENT INFORMATION:

### Old Bank Account Information:

The Automatic Payment is currently being withdrawn from the following account:

FORMER BANK NAME:

FORMER BANK ABA ROUTING NUMBER:

FORMER BANK ACCOUNT NUMBER:

- Checking  
 Savings  
 Money Market

### New Bank Account Information:

Please redirect this Automatic Payment from my new BAC Community Bank account as follows:

NAME OF NEW BANK:

**BAC Community Bank**

BAC COMMUNITY BANK ABA ROUTING NUMBER:

**121125660**

BAC COMMUNITY BANK ACCOUNT NUMBER:

- Checking  
 Savings  
 Money Market

### Authorization:

I authorize \_\_\_\_\_ (payee) to initiate payments from my BAC Community Bank account indicated above, and to make (if necessary) adjustments for any debit made in error to our account. This authority will remain in effect until I have given written notice to terminate this service.

SIGNATURE

DATE

PRINT NAME

**NOTE TO BAC COMMUNITY BANK ACCOUNT HOLDER:** Please make sure that all automatic payment and direct deposit requests have been processed prior to closing your old account. This process can take 1-2 months to take effect.

## BAC Community Bank

Post Office Box 1140, Stockton, CA 95201

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