

Change Automatic Withdrawal Form

Send this form to any company or organization (utilities, insurance companies, subscriptions, etc.) that takes regular electronic payments out of your account.

Date _____

Name of Company Making Withdrawal: _____

Company's Address: _____

Company's City, State, Zip: _____

You are currently withdrawing \$ _____ (Amount)

For my: _____ (What payment is for)

On: _____ (Recurring date)

From the following account:

Old Financial Institution: _____

Routing Number: _____

Account Number: _____

Please stop making withdrawals from that account and instead make them from:

AnchorBank, fsb

PO Box 7933, 25 W. Main St., Madison, WI 53703

Routing Number: **275971087**

Account Number (10 digits): _____

Effective Date: _____

If you have any questions about this request please call me at (_____) _____

During the day In the evening Choose one

Name (Please Print): _____

Address: _____

City, State, Zip: _____

Signature: _____

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