

# NOTICE OF CHANGE FOR ACH PAYMENT/WITHDRAWAL

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME OF EMPLOYER, AGENT, OR COMPANY \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ AMOUNT (IF APPLICABLE) \_\_\_\_\_

FREQUENCY      MONTHLY      BI-MONTHLY      WEEKLY      OTHER \_\_\_\_\_

## PREVIOUS FINANCIAL INSTITUTION

NAME OF INSTITUTION \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

## NEW FINANCIAL INSTITUTION

### SUMMIT BANK

5314 S YALE AVE STE 100  
TULSA OK 74135  
(918) 481-8811

ROUTING NUMBER 103912956 ACCOUNT NUMBER \_\_\_\_\_

CHECKING

SAVINGS

BY SIGNING THIS FORM, I AM CERTIFYING THAT I AM THE RIGHTFUL OWNER OF THE ABOVE LISTED ACCOUNT AND ALL INFORMATION IS TRUE AND CORRECT. PLEASE RE-DIRECT FUTURE AUTOMATED PAYMENTS OR WITHDRAWALS TO THE NEW ACCOUNT LISTED ABOVE. EFFECTIVE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CO-SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_