



## Change Automatic Payment

Date:

To whom it may concern:

You are currently withdrawing \$ \_\_\_\_\_ for my \_\_\_\_\_ from my  
(amount) (what payment is for)  
account at \_\_\_\_\_  
(bank name) (account number)

Effective \_\_\_\_\_ please stop making withdrawals from that account.  
(date)

As of the effective date stated above, please debit my automatic payments from:

Rhinebeck Savings Bank  
Routing Number: \_\_\_\_\_ 221971015  
Account Number: \_\_\_\_\_

If you any questions regarding this request, please contact me at ( \_\_\_\_\_ ) \_\_\_\_\_  
(phone number)

Thank you,

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Joint Owner Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Joint Owner Name (please print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

**NOTE:** We recommend that you call the company or payee to find out if you will also need to submit a voided Rhinebeck Savings Bank check or deposit slip with this form.