Request to Transfer Automatic Payment Letter »

Date / /			
ayee Company Name			
ddress			
ity	State	Zip	
whom it may concern:			l Ban
nis letter serves as a request to have n	nv Automatic Payment transferred to my r	ew account with Citizens Nationa	

Name		
	- Charles	7
City	State	Zip
Phone Number	Email Address	

The Automatic Payment is currently being withdrawn from my account with:

Former Bank Name

Former Bank ABA Routing Number			Former Bank Account Number		Checking
					Savings
Please redirect the Automatic Pay	ment from	my account w	ith Citizens National Ba	nk as follows:	
Citizens National Bank Address					
102 S. Main St., Bluffton, OH 45817					
Citizens National Bank ABA Routing Number			Citizens National Bank Account Number		Checkin
041212983					Savings
Make this change effective:	/	/			
Special Instructions (optional)					
Sincerely,					
Signature					
Print Name			Date	/ /	
					10,0
nber FDIC				NK (.11170

NATIONAL BANK