



❖ Please complete this form for each company (PG&E, Mortgage & Insurance Co., etc.) with whom you have an arrangement for automatic debit.

Authorization to Change Automatic Debits

NAME _____

ADDRESS _____

CITY/ST/ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

SSN # _____

I am in process of moving my account from: _____
(Name of the bank where account is closing)

Old Account # _____ Checking Savings

Effective _____, 20____, please begin automatic debits from my new account at Community Bank of the Bay.

New Account # _____ Checking Savings

ABA/Routing #121000248

❖ Please find attached a voided check to verify my account number.

Authorized by X _____ Date _____

Employer _____ Account/Reference No. _____