

Automatic Payment Authorization

This serves as notification of a change in my automatic payment information. Effective immediately, you are authorized to establish an electronic payment deduction from my Kennebunk Savings Bank account.

Billers Information – The company or organization that receives electronic payment.

Company Name _____

Phone _____

Address _____

City _____

State _____

Zip _____

Customer Information – The account from which the electronic payment is made.

Account Title/Holder _____

Phone _____

Billing Account # _____

Address _____

City _____

State _____

Zip _____

Bank Account Information

Kennebunk Savings Routing Number: **211274502**

Bank Account Number _____ Checking Savings

Authorization

Authorized Signer _____ Date _____

Authorized Signer _____ Date _____

Please acknowledge your receipt of this notice by sending confirmation of this request to the CUSTOMER. Please notify customer immediately if this form is not sufficient to complete the requested change.



Kennebunk Savings

800-339-6573 • www.kennebunksavings.com