



MetroBank
Moving You Forward

CHANGE AUTOMATIC WITHDRAWAL

DATE

NAME OF COMPANY THAT MAKES AUTOMATIC WITHDRAWAL

STREET ADDRESS

CITY, STATE ZIP

TO WHOM IT MAY CONCERN:

I recently changed banks and request that my automatic deduction be switched to my new account at METRO BANK. My information is as follows:

FINANCIAL INSTITUTION NAME: METRO BANK

BANK ROUTING NUMBER : 061121122

ACCOUNT NUMBER: _____

IF YOU HAVE ANY QUESTIONS ABOUT THIS REQUEST, PLEASE CONTACT ME AT : _____

Sincerely,

Signature

Name (please print)

Street Address

City, State, Zip



Automatic Payment Transfer Letter

Date: _____

Dear _____

I am writing to inform you of a change in my banking relationship.

I currently have my _____ payment automatically withdrawn from my
(vendor)
checking/savings account # _____ at _____
(current bank)

on the ____ of the month. I would like to transfer these monthly transactions to my new bank, Metro Bank, and submit this letter as written notification to begin withdrawing from account number _____ / ABA Routing Number _____.

I understand I need to give you at least two weeks notice prior to the next scheduled transaction. Therefore, I expect the last transaction from _____ to be the one dated _____
(current bank)
_____ and the first one from Metro Bank to be dated _____.
(date of next transaction) (date)

Thank you for your prompt attention to this request. I have enclosed an automatic payment transfer authorization form that includes the information necessary for you to begin withdrawals from my Metro Bank account.

Sincerely,

Your Name _____

Address _____

Phone Number _____

