AUTOMATIC DEBIT CHANGE FORM

Complete this form for each company or organization with whom you have arranged for automatic payment. Once completed, mail the form(s) directly to the company or organization.

I _____ have closed my checking account with _____
(Your Name) (Current Bank)
Effective _____.

I hereby authorize my automatic withdrawal in the amount of $_____ to be changed from my current checking account #_____ at _____ to my new First Farmers Bank account as listed below:

Checking Account # _____
ABA Routing # _____083903069_____
Effective Date _____

Amount to be withdrawn: $_____
Date of withdrawal: _____

Address _____
City/St/Zip _____

If you have any questions or if there is a penalty or fee please contact me at:
(_____) _____-_____

Thank you for your attention to this matter.

_____ _____
Customer Signature **Joint Account Holder Signature**

_____ _____
Date **Date**

ATTACH A NEW FIRST FARMERS BANK VOIDED CHECK HERE

First Farmers Bank
A Citizens Union Bank

MEMBER FDIC EQUAL HOUSING LENDER