



Automatic Payment/Withdrawal Request Form

Please fill out this request form and attach a *voided check* from your new Kitsap Bank account and submit it to each vendor with whom you have set-up to automatically debit from your account. You will need a separate form for each vendor.

To (Company Name) _____

Company Address _____

City _____ State _____ Zip _____

From (Name) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Social Security Number _____

Company/Utility Account Number _____

RE: Change of Automatic Payment/Withdrawal

To Accounts Receivable/Accounting Department:

Please discontinue debiting my account:

Account Number _____

Financial Institution _____

Please **cancel** my automatic payment/withdrawal all together.

Please **change** my automatic withdrawal to debit from my new Kitsap Bank account.

Kitsap Bank

PO Box 9

Port Orchard, WA 98366

Withdrawal Instructions

Withdraw entire amount from my Kitsap Bank account:

Routing Number **125102906**

Account Number _____

I authorize:

- The listed entity to initiate withdrawal of my funds from my Kitsap Bank account.
- Kitsap Bank to debit entries to my account.
- This authorization is to remain in effect until I send written notice of change and cancellation.

Signature _____

Date _____

Original Signature Required