



Easy Switch

AUTOMATIC WITHDRAWAL CHANGE FORM

Please print this form, fill out, and return to your current bank or financial institution OR return to Customer Service at SNB to initiate services with SUPERIOR NATIONAL BANK.

BANK NAME _____

BANK ADDRESS (street address and PO Box) _____

CITY _____

STATE _____

ZIP _____

ACCOUNT or CUSTOMER NUMBER _____

ACCOUNT or CUSTOMER NUMBER _____

PLEASE CLOSE THE FOLLOWING DEPOSIT ACCOUNT(S):

I authorize my automatic withdrawal in the amount of \$ _____ to be changed from my current account number _____ held at _____ (fill in name of bank or financial institution) to my new **SUPERIOR NATIONAL BANK & TRUST CO.** account as listed below:

CHECKING ACCOUNT NUMBER _____

EFFECTIVE DATE _____

AMOUNT TO BE WITHDRAWN \$ _____

DATE OF WITHDRAWAL _____

SUPERIOR NATIONAL BANK & TRUST ABA ROUTING NUMBER **091101879**

The Undersigned directs the transaction stated above,

Signature _____

Date _____

Signature _____

Date _____

Please attach a voided check, if required. DO NOT attach a deposit slip.