



# 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AMOUNT TO BE WITHDRAWN \$ \_\_\_\_\_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.