

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 DEPOSI	T ACCOUNT(S):		
I authorize my automatic withdrawal in the am	nount of \$		to be
changed from my current account number			held at
financial institution) to my new SUPERIOR NAT		(fill in name	
CHECKING ACCOUNT NUMBER			
EFFECTIVE DATE			
AMOUNT TO BE WITHDRAWN \$			
DATE OF WITHDRAWAL			
SUPERIOR NATIONAL BANK ABA ROUT	TING NUMBER O	1101879	
The Undersigned directs the transaction stated above,			
Signature		Date	
Signature		Date	

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