

AUTOMATIC PAYMENT AUTHORIZATION CHANGE

VENDOR NAME

CUSTOMER NAME

STREET

CITY

STATE

ZIP

ACCOUNT #

PHONE #

Please be informed I have switched financial institutions and hereby authorize you to change my automatic withdrawal to be taken from the account number listed below:

NEW FINANCIAL INSTITUTION



SECURITY STATE BANK

- Basin – PO Box 531, Basin, WY 82410 (307) 568-2483
- Gillette – PO Box 489, Gillette, WY 82717 (307) 686-8080
- Sheridan – 2070 Coffeen Ave, Sheridan, WY 82801 (307) 672-8080
- Worland – 320 N. 10th, Worland, WY 82401 (307) 347-4300
- Greybull – 901 N 6th St, Greybull, WY 82426 (307) 765-2600

CHECKING ACCOUNT #

SAVINGS ACCOUNT #

TRANSIT/ABA# 102301911

Please include a voided check or deposit slip with this form when sending to vendor.

SIGNATURE

DATE

JOINT SIGNATURE (if applicable)

DATE