

# AUTOMATIC PAYMENT REQUEST FORM

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Phone \_\_\_\_\_ Company Fax \_\_\_\_\_

Account Holder's Name \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## To Whom It May Concern:

You are currently withdrawing \$ \_\_\_\_\_ (amount) for my  
\_\_\_\_\_ (what the payment is for) from

Financial Institution Name: \_\_\_\_\_

Routing Number for Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

As of \_\_\_\_\_ (date), please start making this automatic withdrawal from my new account at:

**1st United Bank**  
**430 4th Street N.W.**  
**Faribault, MN 55021**  
**Routing Number: 291971320**  
**Account Number: \_\_\_\_\_**

If you have any questions about this request, please contact me at \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Complete and send this form to each company where you have an arrangement for automatic withdrawal. Print one form for each company.  
Don't forget to change any automatic payments set up with a debit card number.*



www.1stunited.com  
(800)282-7170