



BANK ACCOUNT CHANGE

REQUEST FORM

Addendum to automatic withdrawal form

****This form must be in our office no later than FOUR BUSINESS days before the due date** You may fax this completed form to our Finance Department at (800) 990-3735**

Today's Date: _____ Client ID#: _____

Client Name: _____

Please circle one: **Checking Account** **Savings Account**

Bank name: _____

New account #: _____

New routing #: _____ (always 9-digits)

This should be effective to start on (date): _____

By Signing this form I am giving APFSC the Authorization to do as stated on this form, and I'm also indicating that I understand that if APFSC does not receive this form within FOUR business days prior to your schedule debit date, changes will not be effective until the following ACH Debit date.

Client's Signature: _____ Date: _____

Attach a copy of a voided check here.

(No Deposit Slips)

For savings accounts, please contact your bank for the correct routing number.