



The Bank of You

Authorization to Change Automatic Withdrawal

Date: _____

Name of Company that Makes Automatic Withdrawal: _____

Address: _____

City/State/Zip: _____

To whom it may concern

You are currently withdrawing \$_____ (amount) on _____ (when) basis for my _____ (what payment is for) from:

Financial Institution: _____

Routing #: _____

Account #: _____

OR

Card #: _____

Please discontinue withdrawals from the above listed Financial Institution and (select one):

- Begin withdrawals on the same cycle to my account at:
Illinois State Bank, FSB
15700 W. Bluemound Road
Brookfield, WI 53005
Routing #: 275071356
Account Number: _____ Savings/Checking (circle one)
- Begin withdrawals from my Illinois State Bank Credit Card: _____ exp: _____
- I will use Illinois State Bank Bill Pay to make future payments

If you have any questions about this request, please contact me at (_____) _____ (phone #).

Thank you,

Sincerely,

Signature: _____

Name: _____

Address: _____

City, State Zip: _____