



# NORTH SHORE BANK

*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:  
**North Shore Bank, FSB**  
 15700 W. Bluemound Road  
 Brookfield, WI 53005  
**Routing #: 275071356**  
**Account Number:** \_\_\_\_\_ Savings/Checking (circle one)
- Begin withdrawals from my North Shore Bank Credit Card: \_\_\_\_\_ exp: \_\_\_\_\_
- I will use North Shore 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: \_\_\_\_\_

Member FDIC