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):

- o 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)
- o Begin withdrawals from my North Shore Bank Credit Card: _____ exp: _____
- o 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