

Automatic Payment Change Notice

Complete this form and mail to any organization automatically withdrawing payments from your existing account. Be sure to include all of your automatic payments – Mortgage, utilities, insurance, cable TV, etc.

Information About Your Previous Financial Institution

Name of institution

Account Number

Institution’s Street Address

City State Zip Code

Amount of payment \$ _____

Information About You

Name

Address

City State Zip Code

Telephone # Social Security #

Information About Your New Financial institution Quinnipiac Bank & Trust Company
2600 Dixwell Ave
Hamden, CT. 06514
(203) 287-1293
Bank Routing # 011110730

Quinnipiac Bank & Trust Account #
I authorize you to redirect future automatic payment withdrawals to my new Quinnipiac Bank & Trust account beginning (date ____ ____).

Signature Date

If necessary, please request or make additional copies of this form if sending to multiple organizations.