

Check Card Withdrawal/Payment (recurring) Cardholder Information Update

To (Vendor Name): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I am submitting this letter as a written notification of my intent to switch my automatic withdrawal/payment from my old bank account to my new account with Legacy Bank. Please initiate this request as soon as possible.

Amount of Recurring Transaction: \$ _____ (if constant)

PREVIOUS WITHDRAWAL ACCOUNT

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Check Card #: _____ Type: _____ Exp. Date: _____

NEW WITHDRAWAL ACCOUNT

Financial Institution: Legacy Bank

Address: _____

City: _____ State: _____ Zip: _____

Check Card #: _____ Type: VISA® CHECKCARD Exp. Date: _____

Signature

Date