



Authorization to Change Automatic Payments/Drafts

Print and complete this form to notify each depositor with whom you have arranged for payments to notify them that you have changed banks and are authorizing the payment/draft to be made from your new Regent Bank account. Please allow at least 30 days for payment changes.

To:

Depositor Name

Depositor Address

City State Zip

Account Number

From:

Customer Name

Customer Address

City State Zip

Employee ID Number/Dept (if applicable)

Please redirect my deposit to my Regent Bank Checking Account Effective:

Immediately or Beginning _____

Routing Number

Checking Number

Attach void check from your Regent Bank checking account below to verify banking information

VOID CHECK ATTACH

Authorization

Signature: _____

Name: (please print) _____

Address: _____

City: _____ State: _____ Zip: _____