

Key easy transfer kit

Automatic Payment Deduction Form

Date:

Please note that I am closing the existing account number _____ from which you are authorized to receive automatic payments. This notice authorizes you to establish automatic payment deduction to my new KeyBank account as of _____ .

NEW ACCOUNT INFORMATION

KeyBank Account Number:

(Check One) Checking Savings Credit Card

KeyBank Routing Number: (for checking and savings only)

Attached Voided Check

X

Customer Signature

Date

Printed Name

Social Security or Tax Payer ID Number

X

Customer Signature (joint signer)

Date

Printed Name

Social Security or Tax Payer ID Number

Please send your acknowledgement of this notice to me at the following address:

Name

Phone Number

Address

Alternative Phone Number