

Automatic Payments/Withdrawals Change Request

Personal Information: First Name: _____ Middle Initial ___ Last Name: _____ Phone Number: _____ **Biller Information:** Name of Biller/Company: Address: _____ City: State: Zip Code: Account Number with Biller: I want to: ____ Establish New Automatic Payment ____ Establish New Automatic Withdrawal ____ Change Existing Automatic Payment Change Existing Automatic Withdrawal Please redirect my direct deposit to my account with William Penn Bank as follows: William Penn Bank Account # William Penn Bank Routing/Transit # We will contact you at the phone number above if we have any further questions. Signature Date

