



3 Move Your Automatic Payments / Drafts Form

Authorization to Change Automated Payments or Drafts (Provide to each company that drafts your checking account as a method of payment)

To (Company) _____

On _____ 200____, I closed my checking account # _____

At _____ (Closing Financial Institution).

Please change my automatic payment or draft to my new checking account at Carolina Commerce Bank # _____. I have enclosed a voided check.

My account with you is under the name _____
and my policy or account # with your company is _____

Signature:

Date:

Complete and provide this form to each company that is drafting your Checking Account as a method of payment

Please feel free to call Carolina Commerce Bank for any assistance at 704-853-8229