



Bank of Botetourt
Taking Care of You

Automatic Debit Change Form

Date

Name of Business Entity

Street address / PO Box

City, State, Zip

To Whom It May Concern:

Currently, you are debiting my _____ payment from my old bank account as follows:
(Insurance, Mortgage, Auto, Etc.)

Bank Name: _____

Routing Number: _____

Account Number: _____

Please discontinue debiting from this account on _____
(Date)

I would like to begin debiting this Payment from the following account at Bank of Botetourt starting on

(Date)

Bank of Botetourt Routing Number: 051402550

Checking Account Number: _____

Savings Account Number: _____

Please send me confirmation indicating when this change will take effect. If you have any questions regarding this request please contact me.

Sincerely,

Your Signature

Print Name

Address

City, State, Zip

Day time phone:

Evening Phone: