



automatic

Payments/Transfers Form

To: _____ Date: _____
(Name of Biller/Provider)

Address: _____

City: _____ State: _____ Zip: _____

Account Number with Biller: _____

From: _____

Address: _____
(Name)

City: _____ State: _____ Zip: _____

Phone Number (Daytime): _____

Please:

- Establish Automatic Payment or Transfer from my Chesapeake Bank of Maryland account
- Change Automatic Payment or Transfer to my Chesapeake Bank of Maryland checking account

Via ACH

My checking account routing number is: _____

My account number is: _____

OR

- I have attached a voided check for your information

This request should take effect:

- Immediately
- Beginning: _____

Additional Instructions (if applicable): _____

I authorize the Biller/Provider indicated above to indicate payments/transfers from my Chesapeake Bank of Maryland checking account. These instructions shall remain in effect until I provide new written notice.

Sincerely, _____ Date: _____
(Signature)

Joint Account Holder Signature _____ Date: _____
(if applicable)