CHANGE AUTOMATIC WITHDRAWAL

_____/_____/_____
Effective Date

_____
Name of Company That Makes Automatic Withdrawals

_____
Address

_____ _____ _____
City   State   Zip

To whom it may concern:

You are currently withdrawing $_____ (amount) **for my**_____

_____(what payment is for), **from** _____ (account number),

on_____(when) **from the following account:**

_____
Financial Institution Name

_____ _____ ☐ CHECKING ☐ SAVINGS
Routing Number   Account Number

Please stop making withdrawals from that account and instead make them from:

Iowa Savings Bank
Financial Institution Name

073906092
Routing Number   Account Number   ☐ CHECKING ☐ SAVINGS

If you have any questions about this request, please contact me at:

___—_____—_____ _____
Phone Number   Best Time to Call

Thank you.

Sincerely,

_____ _____
Signature   Name (please print)

_____ _____
Address   City, State, Zip

MEMBER FDIC
EQUAL HOUSING LENDER

IOWA SAVINGS BANK

(Make as many copies as needed.)