



BANK ANNAPOLIS

Member FDIC

The bank that doesn't act like one.

Automatic Payment (Debit) Change Form



INSURANCE, UTILITIES, INVESTMENTS, LOAN PAYMENTS, OTHER

Company Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Customer Name: _____

BankAnnapolis Routing # 055002480 Customer Acct #: _____ Checking Savings

Deposit Amount: _____ Frequency of Credit: Weekly Bi-Weekly Monthly

By signing below, the above reference customer authorizes their ACH automatic payment of said amount to be debited from their account with BankAnnapolis as of this date.

(Authorized Signer)

(Print Name)

(Date)

P.O. BOX 2279
ANNAPOLIS, MD 21404-2279



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