

# SIMPLE SWITCH KIT

# AUTOMATIC PAYMENT

## AUTHORIZATION FOR AUTOMATIC PAYMENT

Service Provider: \_\_\_\_\_

Service Provider Account Number: \_\_\_\_\_

Please switch my Automatic Payment authorization to Great Western Bank starting: \_\_\_\_\_  
Date

New Account Number: \_\_\_\_\_  
(attached is a voided check or deposit ticket)

Switching from: \_\_\_\_\_  
(name of previous financial institution)

Old Account Number: \_\_\_\_\_

Account Holder: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address or PO Box)

\_\_\_\_\_ City State Zip Code

Daytime Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**FILL OUT THIS FORM AND GREAT WESTERN BANK  
WILL HANDLE THE REST FOR YOU.**



**Great Western Bank**<sup>TM</sup>  
Making Life Great  
Member FDIC