



**AUTOMATIC PAYMENT
EASY SWITCH FORM**

Utilize this form to notify a company of your request to redirect your automatic payment to your new Mascoma Savings Bank account. Please complete one form for each automatic payment you wish to change. Provide as much information as possible – the information can typically be found on your new checks or deposit slips, and on billing notices. **Once completed forward** this form to the company/business that is due payment.

To:

Merchant Name	<input type="text"/>	Account No.	<input type="text"/>
Merchant Addr	<input type="text"/>	Payment Date	<input type="text"/>
Merchant Addr	<input type="text"/>		
City, State Zip	<input type="text"/>		

From:

Name	<input type="text"/>
Address	<input type="text"/>
City, State Zip	<input type="text"/>
Telephone #	<input type="text"/>

Please redirect my Automatic Payment from Mascoma Savings Bank account:

<input type="text"/>
Mascoma Savings Bank Account Number
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Payment Amount <input type="text"/>

Signature

Date

211770213
Mascoma Savings Bank Routing Number

*Attach a Mascoma Savings Bank voided check to this form.

Merchant – if you are unable to accept this form, please mail an authorization form to your customer at the address listed.