



**AUTOMATIC PAYMENT
EASY SWITCH FORM**

Utilize this form to notify a company of your request to redirect your automatic payment to your new Mascoma 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 Bank account:

Mascoma Bank Account Number

Checking Account Savings Account

Payment Amount

211770213

Mascoma Bank Routing Number

Signature

Date

*Attach a Mascoma 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.