

AUTOMATIC WITHDRAWAL AUTHORIZATION

Name of company making automatic withdrawals (originating company):

Address _____

City/State/Zip _____

To (originating company) _____

Regarding my account # _____ with you.

You are currently debiting my checking account savings account
account # _____ at _____

Routing # _____

Effective _____ (date), please cancel the above transaction
and begin debiting my account at **Capital Bank**, Routing # 061101100.

Please debit my checking account savings account

If you have any questions, please call for a Personal Banker at **Capital Bank**, (706) 866-1146.

I acknowledge I must allow a reasonable opportunity to allow you to act
on my request for change.

Signature _____

Name Printed _____

Address _____

City/State/Zip _____

Co-Signer Signature _____

Co-Signer Name Printed _____

Mail this completed form to the company who is
withdrawing funds for the above recurring payment.

