

Automatic Payment Change Notice

Complete this form for each company or organization with whom you have arranged for an automatic payment from your account. Please feel free to print more copies of this form if necessary. **Please safeguard this form as it contains account information.**

I am closing my account with:

**

Account Number

Date Account Will Be Closed

"

011 11000

> South Shore Bank 1530 Main Street South Weymouth, MA 02190

Choose One

Account Information	Debit Card Information<""
'O { 'pgy 'UUD'Ceeqwpv'pwo dgt 'ku: ''	P co g'qp'Ectf: aaaaaaaaaaaaaaaaaaaaaaaaa"
Checking	P gy 'F gdk/Ectf 'P wo dgt <aaaaaaaaaaaaaaaaaaaaa"< td=""></aaaaaaaaaaaaaaaaaaaaa"<>
Savings	Gzrktckqp"Fevg: aaaaaaaaaaaaaaaa"
Tqwkpi 'P wo dgt: 211371447	5"fkik/ugewtk√("eqfg"¾qp"\jg"dcem'qh"\jg"ectf +: aaaaaa

Payee's Information Payee's Phone Number

Payee's Billing Address Payee's Account Number

Clien's Full Name Client's Signature