

AUTOMATIC DEBIT CHANGE AUTHORIZATION



Use this form to switch automatic debit payments or withdrawals to your First Federal Savings of Middletown checking or savings account.

COMPANY NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

Please accept this authorization to change the bank account for automatic payments and withdrawals to the following:

First Federal Savings of Middletown
22 James Street, PO Box 2023
Middletown, NY 10940

ROUTING NUMBER: 221972098 **ACCOUNT #** _____

If you have multiple payments or withdrawals, please complete a separate form for each.

NAME ON ACCOUNT _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____ **CELL #** _____ **E-MAIL** _____

SIGNATURE _____ **DATE** _____

22 James Street, PO Box 2023, Middletown, NY 10940
Tel: 845-343-1401 Fax: 845-343-1618
www.ffsmid.com

Member FDIC – Equal Housing Lender