

AUTOMATIC PAYMENT CHANGE FORM

Customer Name: _____

Customer Address: _____

City/State/Zip: _____

Company Making Automatic Transfer: _____

Address: _____

City/State/Zip: _____

Amount: _____ For: _____

The within named individual(s) has/have opened a checking account with First National Bank of Northfield.

Effective ____/____/____ all payments for the previously mentioned account or policy at your organization should be automatically debited from the account shown below.

First National Account Number: _____

Signature: _____

Date: _____

Customer Phone: _____

Routing Number: 091901477

First National Bank of Northfield

P.O. Box 59

329 Division Street South

Northfield, MN 55057



firstnationalnorthfield.com ■ Member FDIC

DOWNTOWN ■ 329 Division Street ■ 507-645-5656 ■ FAX 507-645-6873

SOUTH ■ 1611 Honey Locust Drive ■ 507-664-0820 ■ FAX 507-664-0801