



Automatic Payment Request

Please accept this letter as notification that I have established a new checking and/or savings account at Solvay Bank. I would like the following payment to be automatically debited from the Solvay Bank account listed below.

-
- Establish Automatic Payment
 - Change my existing Automatic Payment

Automatic Payment Information:

Company Name: _____

Company Account Number: _____

Payment Amount: \$ _____

Personal Information:

Name: _____

Mailing Address: _____

City, State, Zip: _____

Daytime Telephone Number: _____

Bank Account Information:

- Checking Savings Money Market

Solvay Bank Routing Number: 021309735

I authorize:

- The Company listed to initiate withdrawal of my funds from the above Solvay Bank account.
- Solvay Bank to debit funds from my account.
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature: _____ Date: _____