The Simple Switch: Automatic Payment Request

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

❍ Establish Automatic Payment

❍ Change my existing Automatic Payment

Automatic Payment Information:

Company Name _____   Address _____

City, State _____   Zip Code _____

Company Account Number _____

Payment Amount $ _____
    ❍ Monthly   ❍ Bi-Weekly ❍ Weekly

First Payment Date _____

Client Personal Information:

Name _____   Mailing Address _____

City, State _____   Zip Code _____

Daytime Telephone Number _____   E-mail Address _____

Bank Account Information:

Account Type: ❍ Checking ❍ Savings*   Capital City Bank Account Number _____

Capital City Bank Routing Number: 063100688

I authorize:
- The company listed to initiate withdrawal of my funds from the above Capital City Bank account.
- Capital City Bank to debit funds from my account for each payment presented.
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature _____   Date _____

*Debits from savings will count as a third-party item toward your allowed number of transfers per statement period.

Capital City Bank