



**Quick Change Form  
For Reoccurring Withdrawals**

I authorize \_\_\_\_\_ to deduct my payment from the account listed below. I understand that if I decide to discontinue this payment plan, I will notify the company named above in writing at the following address:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Customer Information:**

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**Payment Information:**

Please deduct my payment from my account as follows:

Fairport Savings Bank Account Number: \_\_\_\_\_

Fairport Savings Bank Routing Number: 222371698

**Type of Account:**

\_\_\_\_ Checking

\_\_\_\_ Savings

\*Note a void check or deposit slip should be included with this form.

**Complete this form in its entirety. Make a copy for your records and mail.**