



This form allows you to have payments automatically debited from your Flagstar Bank account. Automatic deductions can include insurance premiums and monthly membership fees. Please complete one form for each automatic deduction.

Fill in the information either using your keyboard or by printing and completing the form. Next, attach one of your new personal checks from Flagstar Bank with the word 'VOID' in large letters on the front of the check. DO NOT SIGN THE CHECK. Sign and date the form. Submit this form to each company making automatic deductions from your account. Your old bank may require additional information prior to honoring your request for closure.

ATTENTION

Company Name _____

Company Address _____

City _____ State _____ Zip _____

YOUR ACCOUNT INFORMATION

I have recently switched my banking services provider to Flagstar Bank and would like to have my automatic deductions switched to my new account. Below you will find all the necessary information

Account Name _____

Account Number with Your Company _____ Amount Being Deducted _____

CREDIT ACCOUNT INFORMATION

Financial Institution _____

Account Number _____ Routing Number _____

NEW ACCOUNT INFORMATION

Flagstar Bank Account Number _____ Routing Number _____

Checking Savings

This information will become effective Immediately Date / /

Signature _____ Date _____

If there are any questions please call me at () -