



Ballston Spa National Bank

Name of Financial Institution _____ Date _____
Attn: Customer Service _____
Address _____
City _____ State _____ Zip _____

To Whom it May Concern,

Please Consider this document as authorization to change my automatic payment to my new account at Ballston Spa National Bank. The information is as follows:

Address: PO Box 70, Ballston Spa, NY 12020

Phone Number: 518-885-6781

Routing Number: 021304675

Account Number:

My information with your organization is:

Name:

Account Number:

Should you have any questions regarding this change in account information, please contact me at _____ . Thank you for your attention to this matter.

Sincerely,

Your Name:

Address _____

City _____ State _____ Zip _____