



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 \_\_\_\_\_