

Automatic Payments/Transfers Request

Personal Information

First Name:

Last Name:

Street Address:

City:

State:

ZIP:

Daytime Phone Number:
(NNN) NNN-NNNN

Biller Information

Name of:
Biller/Company:

Street Address:

City:

State:

ZIP:

Account Number with
Biller:

I want to:

- Establish New Automatic Payment
- Establish New Automatic Transfer
- Change Existing Automatic Payment
- Change Existing Automatic Transfer

Debit Payment/Transfer from:

TIB Bank Account

Routing and Transit
(ABA) Number:

[Account Number:](#)

A voided check has been attached

Payment/Transfer To Take Effect:

- Immediately
- Beginning:
mm/dd/yyyy

Additional Instructions:

I authorize the Biller/Company indicated above to initiate payments/transfers from my TIB Bank checking account. These instructions shall remain in effect until I provide new written notice. Please contact me at the phone number listed above if you have any questions.

Authorized signature

Date

Authorized signature

Date