BANK DRAFT CHANGE FORM

Today's Date: _____

Customer's Telephone Number: _____

Customer's Name: _____

Please Circle Change Below:

- CHANGE BANK INFORMATION (**Please attach voided check**)
    - Date to start Change: _____
- CANCEL BANK DRAFT
    - Date to start Cancellation: _____

Customer's Signature: _____

(If change was done over the phone, please state in signature line)

Assisting Representative Initials: _____