## **AUTOMATIC PAYMENT WITHDRAWAL WORKSHEET**

Redirect your Automatic Payments to be withdrawn from your Cape Ann Savings Bank account. Complete and mail this form, with a voided check from your Cape Ann Savings Bank Checking Account. Fill out one form per business or merchant. For your security, please do not email this form.

To whom It may concern, please redirect my Automatic Payment			
Effective Immediately Beginning On (	Date):	<del></del>	
Business / Merchant Name:			
Address:			
City:			
Please update my payment informa Bank account.	ation to be withd	rawn from my Ca	pe Ann Savings
Cape Ann Savings Bank Checking Account Nu	mber:		
Cape Ann Savings Bank Routing Number (ABA	A): 211370862		
Signature:	D	ate:	
Print Name:			
Joint Owner Signature:	D	ate:	
Joint Owner Print Name:			

Important: Automatic Payments may take multiple withdrawal periods to reflect the requested change. It is advisable to keep your former account open until all your automatic payments have redirected and successfully withdrawn from your Cape Ann Savings Bank account.



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