

# Quick Change Form

## For Recurring Withdrawals

I authorize \_\_\_\_\_ to deduct my payment from the account listed below.

I understand that if I decide to discontinue this payment plan, I will notify the company named above in writing at the following address:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Customer Information

Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

### Payment Information

Please deduct my payment from my account as follows:

Dollar Bank Account Number \_\_\_\_\_

Dollar Bank Routing Number: 243074385 (OH & PA)  
251481423 (VA)

Type of Account:

Checking Account Number \_\_\_\_\_

Savings Account Number \_\_\_\_\_

NOTE: A void check or deposit slip should be included with this form.

**Complete this form in its entirety. Make a copy for your records and mail.**

