NORTH VALLEY BANK

AUTOMATIC PAYMENT/WITHDRAWAL FORM

Date:		
Name of Company that makes the Automatic Withdrawal:		
Address:		
City:	State:	Zip:

To Whom It May Concern:

You are currently taking $_____ from account #: _____

on the _____ day of the month from the following account:

Financial Institution:
Routing Number:
Account Number:
☐ Checking ☐ Savings

Effective: _____ (Date), please stop making withdrawals from that account and instead debit them from:

Financial Institution: *North Valley Bank*
Routing Number: *044109297*
Account Number:

If you have any questions about this please contact me at:

Phone Number:

Thank you,

Signature: _____

Name (Print):		
Address:		
City:	State:	Zip: