



## Automatic Payment Changes

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Customer Acct/Policy # \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### Customer Information

Name \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

### Payment Information

Please deduct my payment from my account as follows:

FM Bank Account Number \_\_\_\_\_

FM Bank Routing Number: 065201530

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.**

FMBANKING.COM

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