

Authorization to Pay Non Posted Items To/From New Account

Account Name _____

Closed account # _____ SAV/DDA Effective Date _____

New Account # _____ SAV/DDA Expired Date _____

Reason to pay against new account: (lost check, fraud activity, etc.) _____

Date	Check #	Payee	Amount

ACH Transactions

Date	DR or CR	Originator or Payee	Amount

I agree that the items listed above will be paid from the new account number referenced above.

Customer Signature _____ Date _____

Bank Employee _____ Date _____

Branch # _____