

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 # \_\_\_\_\_