



Quick Account Switch Kit Automatic Withdrawal Notice

Provided by Jackson County Bank

Date: _____

Subject: **Automatic Payments**

To: _____
From: _____

Account Number: _____

This form may be used to set up or transfer an automatic payment from your Jackson County Bank deposit account to a business that offers automatic withdrawal payments.

This notice is to inform you that I have opened a new deposit account with Jackson County Bank. I would like to establish automatic payments from this account. Attached you will find a voided check from my account to facilitate this.

Additional necessary information is included below:

Financial Institution Information:

Jackson County Bank
P.O. Box 490
8 Main Street
Black River Falls, WI 54615
My Jackson County Bank account number: _____.

This is a (check one) _____ Checking Account _____ Savings Account
Jackson County Bank - ABA Routing Number **075902968**

X _____
Signature Date

Print Name Social Security Number

Address/City/State/Zip

ATTACH VOIDED CHECK HERE



JACKSON COUNTY BANK
MEMBER FDIC