

Change Notice: Automatic Withdrawal

To:				
To: (Name of business that makes automatic withdrawal i.e. car payment, utility bill, etc.)				
Attention:				
				Zip:
You currently auto	omatically withdraw	\$		
weekly, bi-weekly or monthly fro		monthly from	m the financial institution listed below for my	
(Enter reason here for w	ithdrawal: Auto Loan, Elec	ctric, etc.)		
Financial Institution Name:				
Financial Institution Routing Number:				
My Financial Institution Account Number:				
Effective immediately, discontinue making the withdrawal out of the above referenced financial				
institution and begin making the withdrawal from:				
	112	-1.1 1	2100 Ford Parkway	
	HI	ghland nk	St. Paul, MN 55116	
	Ba Ba	nk	Phone: 1-877-457-1305	
Routing Number: 091916378 My Highland Bank account number:				
If you have any qu	uestions, please ca	ll me at:		
This change is au	thorized by (print n	ame):		
Signature:		Date:		
StreetAddress:				
City:			State:	Zip: