

Automatic Payment Switch Form



Complete and sign one copy of this form for each automatic payment and send them to the merchants you currently authorize to make automatic payments from your account.

This form will notify merchants* that you wish to have your automatic payment transaction redirected to Fifth Third Bank. To ensure accuracy, please attach a voided check from your new Fifth Third Account to each Automatic Switch Form that you use (see below).

To:

From:

MERCHANT NAME

MERCHANT NAME

MERCHANT ADDRESS

MERCHANT ADDRESS

CITY

STATE

ZIP

CITY

STATE

ZIP

MERCHANT ACCOUNT NUMBER

MERCHANT ACCOUNT NUMBER

Please Redirect My Automatic Payment to My New Fifth Third Checking Account Effective: IMMEDIATELY OR BEGINNING _____

FIFTH THIRD ACCOUNT NUMBER

ROUTING & TRANSIT NUMBER

SIGNATURE

DATE

SOCIAL SECURITY NUMBER

DAYTIME TELEPHONE NUMBER

Staple Voided Check From Your New Fifth Third Account Over Sample Check Below:

Sample Check 0001

DATE _____

PAY TO THE ORDER OF _____

MEMO _____

Routing Number Account Number

⑆ 123456789 : 0123456789 ⑆ 0001

* You should use one form for each merchant. Please make additional copies as needed.