

**NCF Savings Bank  
Switch Kit  
Authorization to Change Your Automatic Payment**

Complete this form for each company or organization with whom you have arranged for *Automatic Payment*.

Call NCF at any of our offices: **New Carlisle** – (937)845-3636, **Springfield-Villa** – (937)342-1999, or **Springfield-Limestone** – (937)471-4590 for additional forms, or make copies of this form.

I hereby authorize automatic payment from my new \_\_\_\_\_ checking or \_\_\_\_\_ savings account at New Carlisle Federal Savings Bank.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
My/Our Account Number at This Company

**New Bank ABA Routing Number: 242272463**

\_\_\_\_\_  
My New Account Number

\_\_\_\_\_  
My/Our Signature(s)

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Date

**I have closed my \_\_\_\_\_ checking or \_\_\_\_\_ savings account at:**

\_\_\_\_\_  
Please Print Name of Financial Institution

\_\_\_\_\_  
Effective Date of the Account Closing

\_\_\_\_\_  
Old Account Number

\_\_\_\_\_  
Name(s) on Account