



Automatic Payment Transfer Letter

Date: _____

Name of Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

To Whom It May Concern:

I would like to change my payment instructions. Currently, you are debiting payments from my previous bank account at:

Name of Bank: _____

Routing Number: _____ Account Number: _____

As of _____ (date), please stop debiting this account and begin debiting this payment from my new account at Bankwell. The new information is below.

Current Bank:

Bankwell
208 Elm Street
New Canaan, CT 06840

Routing Number: 0 2 1 1 1 3 6 6 2
Account Number: _____

Checking
Savings
Debit / Credit Card

Please forward me a written confirmation of the date this change will be effective.

Customer Signature: _____

Account Number with Payee: _____

Address: _____

City: _____ State: _____ Zip: _____

