



## Automatic Payments/Transfers Request

### Personal Information

First Name:

Last Name:

Street Address:

City:

State:

ZIP:

Daytime Phone Number:   
(NNN) NNN-NNNN

### Biller Information

Name of:  
Biller/Company:

Street Address:

City:

State:

ZIP:

Account Number with  
Biller:

### I want to:

- Establish New Automatic Payment
- Establish New Automatic Transfer
- Change Existing Automatic Payment
- Change Existing Automatic Transfer

### Debit Payment/Transfer from:

#### TIB Bank Account

Routing and Transit  
(ABA) Number:

[Account Number:](#)

A voided check has been attached

### Payment/Transfer To Take Effect:

- Immediately
- Beginning:   
mm/dd/yyyy

Additional Instructions:

I authorize the Biller/Company indicated above to initiate payments/transfers from my TIB Bank checking account. These instructions shall remain in effect until I provide new written notice. Please contact me at the phone number listed above if you have any questions.

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date