



Community National Bank

Banking Centers in Hondo, Castroville, Lytle, and La Coste Texas

Deposit Account Switch Kit



Automatic Account Payment/Withdrawal Change of Instructions Request

Date _____

Company _____

Address _____

City, State, Zip _____

To Whom It May Concern:

This letter serves as a request to have my automatic payment/withdrawal transferred to my account with *Community National Bank*

The automatic payment/withdrawal is currently coming from my account with:

Bank Name _____

Account Number _____

Account Name _____

ABA Routing Number _____

Please redirect the payment/withdrawal to be debited from my account with *Community National Bank* as follows:

Account Number _____

ABA Routing Number 1 1 4 9 0 9 1 6 5

Please note the following special instructions:

Sincerely,

Signature of Account Holder