



Automatic Payment Update Form

Switching is easy. Complete this form for each automatic payment setup on your old account. Provide this form to the companies or other entities that receive automatic payments from your old account.* Confirm that all your automatic payments are updated before you close your old account.

Dear Form Recipient:

I have opened a new account with WaFd Bank. Please update my automatic payment information with my WaFd Bank account information detailed below. This form authorizes you to establish electronic debit entries, and if necessary, credit entries for any debit entries made in error to my account with WaFd Bank.

My account number with your company is: _____.

Additional information is included below. Please contact me if you are unable to fulfill this request.

New Account Information

My new account is held at:



New Account Number: _____ Account Type: Checking Savings

Transit/ABA Routing Number: 325070980

Client Signature

Date

Printed Name

Client Signature – Joint Signer (Optional)

Date

Printed Name

Please send your acknowledgement of this form to me at the following address:

Name: _____

Address: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Thank you for banking with WaFd Bank.

* Some third parties might require additional or alternative paperwork to complete your request.