

New Request Change Request

CUSTOMER	Customer Name _____
	Address _____
	City _____ State _____ Zip _____

ORIGINATOR	Company Name _____
	Address _____
	City _____ State _____ Zip _____

AUTHORIZATION	I authorize _____ (listed above, hereinafter referred to as "Originator"), to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit error to my account indicated below, and Lakeland Bank (hereinafter referred to as "Depository"), to debit and/or credit same to my account listed below.													
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="background-color: #008080; color: white; padding: 2px;">Account 1</td> </tr> <tr> <td style="width: 30%;">Account Name _____</td> <td style="width: 30%;">Account Number _____</td> <td style="width: 40%;"><input type="checkbox"/> Checking</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Savings</td> </tr> <tr> <td>Depository Bank <u>Lakeland Bank</u></td> <td>Routing/Transit Number <u>021205376</u></td> <td>Amount _____</td> </tr> </table>			Account 1			Account Name _____	Account Number _____	<input type="checkbox"/> Checking			<input type="checkbox"/> Savings	Depository Bank <u>Lakeland Bank</u>	Routing/Transit Number <u>021205376</u>
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Account Name _____	Account Number _____	<input type="checkbox"/> Checking												
		<input type="checkbox"/> Savings												
Depository Bank <u>Lakeland Bank</u>	Routing/Transit Number <u>021205376</u>	Amount _____												

CUSTOMER AUTHORIZATION		
SIGNATURE	This authorization is to remain in effect until the Originator has been notified of its termination in writing from me. I understand that the notification must be provided in such time to allow the Originator and Depository ample opportunity to act upon my request.	
	Authorized Signature _____	Printed Name _____ Date _____