

Automatic Payments Switch Form

Please change my existing authorization(s).

NAME OF COMPANY MAKING WITHDRAWAL

MAILING ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

FAX NUMBER

You are currently withdrawing \$_____ (amount) for my _____
(what the payment is for) from the following account:

NAME OF FINANCIAL INSTITUTION

ROUTING NUMBER

ACCOUNT NUMBER

CHECK ONE:

I hereby authorize you to make future automatic withdrawals from my new account at:

Ent
P.O. Box 15819
Colorado Springs, CO 80935-5819

307070005

ROUTING NUMBER

ACCOUNT NUMBER AND SHARE ID

Please cancel my automatic withdrawals as of _____ (date). I will be using Bill Pay to make my monthly payments.

NAME (PLEASE PRINT)

ADDRESS

CITY, STATE, ZIP

DAYTIME PHONE NUMBER

PRINTED NAME

SIGNATURE

DATE