

101 E. Main St.
PO Box 245
Baltic OH 43804
330-897-6401



145 Dover Road NW
PO Box 355
Sugarcreek OH 44681
330-852-3680

This form will notify merchants to redirect automatic payments to the Baltic State Bank. To ensure accuracy, please attach a voided check from your new Baltic State Bank account to each Change Automatic Withdrawal form that you use.

Complete and sign one copy of this form for each automatic payment and mail to the company that initiates the payment.

You may want to keep your previous account open for 2 months to ensure all Direct Deposit transfers are complete.

This form, along with others from the Baltic State Bank are located at: www.balticstatebank.com

CHANGE AUTOMATIC WITHDRAWALS

Complete this form for each automatic payment.

Date

Name of Company that makes Automatic Withdrawal

Street Address

City State Zip

To Whom It May Concern:

You are currently withdrawing \$_____ (amount) from my account listed below on a weekly/bi-weekly/monthly/quarterly/semi-annual/annual (circle one) basis.

Previous Financial Institution: _____

Bank Routing Number: _____

Financial Institution Account Number: _____

Please stop making withdrawals from the account mentioned above effective: _____ (date), and instead make them from:

Baltic State Bank, 101 E. Main St., Baltic OH 43804

Baltic State Bank Routing Number: 041208803

Baltic State Bank Account Number: _____

Checking Savings

If you have any questions about this request, please contact me during the DAY/EVENING (circle one) at _____ (phone number).

Signature

Name (please print)

SSN (employer may need)

Employee ID # (employer may need)

Sample VOIDED check from your Baltic State Bank account below:

