CHANGE AUTOMATIC WITHDRAWAL

| | | / |
|---------------------------------|-------------------------------|----------------------|
| | | Effective Date |
| Name of Company That Makes Auto | omatic Withdrawals | |
| Address | | |
| City | State | Zip Code |
| To whom it may concern: | | |
| You are withdrawing \$ | (amount) for my | |
| (what payment is for), from _ | | (account number), on |
| | (when) from the following a | ccount: |
| | | |
| Financial Institution Name | | |
| Routing Number | Account Number | Checking Savings |
| Please stop making withdrawa | als from that account and ins | stead make them to: |
| Heartland Bank | | |
| Financial Institution Name | | |
| 073915889 | | |
| Routing Number | Account Number | Checking Savings |
| If you have any questions abo | ut this request, please conta | ict me at: |
| Phone Number | Best Time to C | Call |
| Thank you. | | |
| Signature | Name (please print) | |
| Address | City, State, Zip Code | |



FDIC