



**ELECTRONIC PAYMENT AUTHORIZATION  
CHANGE FORM**

Please let this Electronic Payment Authorization form serve as notification of a change in my direct electronic payments information. Effective immediately, please make further Electronic Payments to First American Bank & Trust Company.

**Company Information**

Name of Company		Phone Number
Address		
City	State	Zip Code

**ACCOUNT/BILLING NUMBER:** \_\_\_\_\_

**Customer Information**

Customer Name		Phone Number
Address		
City	State	Zip Code

**Bank Information**

Bank Name: First American Bank & Trust Company  
Bank Phone Number: (706) 354-5000  
Routing Number: 061111255  
Account Number: \_\_\_\_\_

**Authorization**

Signature of Account Holder	Date
Signature of Account Holder	Date

*Please acknowledge receipt of this change request by contacting me via e-mail or phone. Please let me know if there is any additional information that I must provide in order to complete the change request.*