

# **SWITCH KIT**

## Automatic Payment Check List (Please print and sign as many as you need)

Mortgage/Rent	Association Fees	Internet Service	Phone Company
Cable TV/Satellite	Loans	Credit Cards	Club/Membership Dues
Child Support/Alimony	Insurance Payments	Utilities: Electric, Gas, Water	
Other			

## Automatic Payment Change Form with authorization

Please accept this authorization to redirect future automatic payments to my new account with:

Mutual Savings Association, FSA  
P.O. Box 949  
100 S. 4th Street  
Leavenworth, KS 66048  
Phone: 913-682-3491  
Routing/ABA #: 301170956  
New Account #: \_\_\_\_\_  
(your Personal Banker will provide your new account #)

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Name of Company authorized to withdrawal

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Account Number

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Client Name

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Street Address

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City

State

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Zip Code

Daytime Telephone Number

Please redirect the debit to my new account at Mutual Savings Association, FSA effective immediately.

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Client Signature

Date

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Client Signature

Date

Please bring this signed form along with current Drivers License and Social Security Number for all owners included on your new MSA account.