West Michigan Bank & Trust
FRANKFORT OFFICE • MANISTEE OFFICE

AUTOMATIC PAYMENT REQUEST

Complete a separate form for each automatic payment. You can photocopy this form or download new forms at www.wmibt.com.

☐ Establish Automatic Payment ☐ Change my existing Automatic Payment

Payment Information:

Company Name: _____
(utility, mortgage lender, investment company, or other organization you wish to pay automatically from your checking account – please print)

Company Account #: _____

Company Address: _____

Payment Amount: $_____ Date of first payment/transfer: _____

Frequency: _____
(Weekly, Bi-Weekly, Monthly)

Personal Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Bank Account Information:

Account Type: ☐ Checking ☐ Savings ☐ Money Market

West Michigan Bank & Trust Account #: _____

West Michigan Bank & Trust Routing #: 072413421

Please stop withdrawals from:

_____
Present Financial Institution Routing # Account Number

Effective immediately, I authorize:

- The company listed to initiate withdrawal of my funds from the West Michigan Bank & Trust Account.
- This authorization is to remain in effect until I send written notice of change or cancellation.

I have attached a voided check to verify the new account information.

Signature: _____ Date: _____

West Michigan Bank & Trust Representative: _____

Signature: _____ Phone: _____

Member FDIC