



Thank you for choosing ProGrowth Bank for your financial needs. You are only a few easy steps away from completing your Authorization to Change Automatic Payment Request. Please read the instructions listed below. If you have questions, please call or visit any of our three locations. Thank you.

1. Print out the Authorization to Change Automatic Payment Request Instructions and Form.
2. Use black or blue ink when completing the form.
3. Complete the entire form. Don't forget to sign it.
4. Mail or fax the form. Do NOT email the form.
5. If faxing, you may use this page as your Fax Transmittal.
6. Keep a copy of the form for your records.
7. We may request additional information or contact you by phone for follow-up information.

FAX TRANSMITTAL

Date: _____

To: _____

Fax#: _____

From: _____

of Pages (including cover sheet): _____

Memo/Delivery Instructions: _____

This facsimile transmission is privileged and confidential and is intended only for the use of the individual or entity to which it is addressed. If the reader of these materials is not the intended recipient, or the employee or agent responsible for delivering such materials to the intended recipient you are hereby notified that any dissemination, distribution or copying of such materials is not authorized by the sender. If you have received this transmission in error, please notify the sender immediately by telephone and return these materials to us at the address shown below via the US Postal Service. Thank you.

Gaylord Office
320 Main Avenue
Gaylord, MN 55334
Phone: 507.237.5535
Fax: 507.237.5197

Mankato Office
PO Box 4429
Mankato, MN 56002-4429
Phone: 507.344.4333
Fax: 507.344.4384

Nicollet Office
703 Third Street,
Nicollet, MN 56074
Phone: 507.232.3488
Fax: 507.232.3978



Current Date: _____

I am in the process of closing my (circle one) **Checking** / **Savings** Account

at: (name of financial institution) _____

Old Acct. #: _____

Address of Financial Institution (where account is closing): _____

Name of Account Holder(s): _____

Social Security Number: _____

I hereby authorize Automatic Payment from my new (circle one) **Checking** / **Savings**

Effective as of (mm/dd/yy): _____

Payment Amount \$: _____

Payment to (vendor name): _____

Payment Frequency: _____

New Financial Institution: ProGrowth Bank *Transit/ABA#: 091908768*

Address (check one):

- 320 Main Avenue, PO Box 266, Gaylord, MN 55334-0266
- PO Box 4429, Mankato, MN 56002-4429
- 703 Third Street, PO Box 77, Nicollet, MN 56074-0077

New ProGrowth Account #: _____

****I have attached a voided check to verify my account number****

Signature(s): _____

Home Phone: _____

Complete this form for each depositor (Employer, Social Security, etc.) with whom you have arranged for an Automatic Payment.

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