AUTOMATIC PAYMENT/WITHDRAWAL CHANGE NOTICE

Use this form to help you change your automatic payments.

NAME			DATE		
ACCOUNT OR IDENTIFICATION NUMBER					
NAME OF COMPANY OR AGENT					
STREET		CITY	STATE	_ ZIP	
PREVIOUS FINANCIAL INSTITUTION					
NAME OF INSTITUTION					
ACCOUNT NUMBER					
STREET		CITY	STATE	ZIP	
NEW FINANCIAL INSTITUTION					
20 M	RST MERCHANTS BANK 00 E. JACKSON STREET UNCIE, IN 47305 55.747.1500				
ROUTING NUMBER: 074900657 I HERBY AUTHORIZE YOU TO RE-DIRECT FUTURE AUTOMATED PAYMENT WITHDRAWALS TO MY NEW CHECKING ACCOUNT EFFECTIVE/					
NAME					
CHECKING ACCOUNT NUMBER					
SIGNATURE			_ DATE		