

FORM 3

Automatic Payment Request



- Establish Automatic Payment
- Change my existing Automatic Payment

Automatic Payment Information:

Company Name: _____

Company Account #: _____

Payment Amount: \$ _____

Personal Information

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Daytime Phone Number: _____

Banking Account Information

Account Type:

- Checking
- Savings
- Money Market

Prime Meridian Bank Account #: _____

Prime Meridian Bank Routing#: 063116481

I authorize:

- The Company listed to initiate withdrawal of my funds from the above Prime Meridian Account
- Prime Meridian Bank to debit funds from my account
- This authorization to remain in effect until I provide written notice of change or cancellation

Signature: _____ Date: _____