



KING OF KASH



AUTOMATIC WITHDRAWAL AUTHORIZATION CHANGE FORM

SECTION A – CUSTOMER INFORMATION

Name (Last, First, MI)

Address

City

State

Zip

Social Security
Number

Telephone
Number

SECTION B – NEW FINANCIAL INSTITUTION (VOIDED CHECK MUST BE ATTACHED)

Name of Financial
Institution

Routing Number
(9 Digits)

Account
Number

Staple Voided
Check Here

SECTION C – CHANGE AUTHORIZATION

By signing the Automatic Withdrawal Authorization Change Form you are giving KING OF KASH permission to withdraw directly from the Financial Institution's routing number and account number identified above, including the withdrawal of any and all amounts present in this account until all obligations with KING OF KASH have been satisfied.

Customer's Signature

Date

X

X