



Automatic Payment Authorization Form

Complete this form to notify merchants to redirect payments from your former checking account to your new checking account at Mariner's Bank. Please remember to include a voided check from your new Mariner's Bank account with this form.

Date: _____

Company Name: _____

Address: _____

Please accept this letter as authorization to change all future automatic payments for the following:

Account Holder Name (s): _____

Address: _____

Primary Account Holder SSN: _____ Employee ID (if applicable) _____

Account Number: _____

As of _____ (date), please begin making the automatic payments from the account provided below at:

Mariner's Bank
935 River Road
Edgewater, N.J. 07020
201-224-9110
Bank Routing Number: 021213559

New Account Number: _____ Acct Type: Checking

Account Holder Signature Date Phone

Account Holder Signature Date Phone