



Automatic Debit Payment Change Form

Note to customer: Complete this form, attach a voided check, and give it to the companies that are authorized to make automatic debits from your account.

Please cancel automatic debit payments from my account at my former financial institution. Effective immediately, please deduct automatic debit payments from my account at John Marshall Bank, as follows:

Name (print): _____

Signature: _____

Date: _____

Payment amount: _____

Per month Per week Other _____

Account Number: _____

Type of account (check one): Checking Savings

Routing Number: 056009356

Financial Institution: John Marshall Bank
5860 Columbia Pike, Suite 104
Falls Church, VA 22041
Tel. 703-845-2700
Fax 703-845-2718

Attach voided check here.

Each Depositor Insured to \$100,000

