CONSUMERS ALLIANCE
Processing Corporation

BANK ACCOUNT CHANGE

REQUEST FORM

Addendum to automatic withdrawal form

This form must be in our office no later than THREE BUSINESS days before the due date*

You may fax this completed form to our Finance Department at (888) 546-9424

Today's Date:_____ **Client ID#:**_____

Client Name:_____

Please circle one: ***Checking Account*** ***Savings Account***

Bank name:_____

New account #:_____

New routing #: ____ ____ ____ ____ ____ ____ ____ ____ ____ **(*always 9-digits)***

This should be effective to start on (date):_____

By Signing this form I am giving Consumers Alliance Processing Corporation the Authorization to do as stated on this form, and I'm also indicating that I understand that if Consumers Alliance Processing Corporation does not receive this form within THREE business days prior to your schedule debit date, changes will not be effective until the following ACH Debit date.

Client's Signature:_____**Date:**_____

Attach a copy of a voided check/savings deposit slip

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