

SECO BANK DRAFT CHANGE FORM

THIS FORM MUST BE COMPLETED FOR ALL BANK DRAFT CHANGES

PLEASE PRINT

DATE:			
MEMBER'S NAME:			
PHONE NUMBER:			
ACCOUNT NUMBER(S):		CYCLE:	

DOES THIS CHANGE INVOLVE CAPITAL CREDITS? YES NO
 FAXED CHANGE ACCOUNT JOB ORDER TO BILLING? YES NO

REMOVE - FROM BANK DRAFT	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">DRAFT DATE</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">AMOUNT DUE</td> </tr> </table>	DRAFT DATE	AMOUNT DUE	
DRAFT DATE	AMOUNT DUE		
IF BALANCE DUE, CAN WE DRAFT ON SCHEDULED DATE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

ADD - THE FOLLOWING ACCOUNTS ARE TO BE DRAFTED FROM MY CURRENT BANK ACCOUNT ON FILE ON SECO ACCOUNT NUMBER:	

IF CHANGING BANKS OR ACCOUNT NUMBERS A VOIDED CHECK MUST BE ATTACHED

CHANGE - BANK ACCOUNT NUMBERS OR BANK NAME	
OLD BANK ACCOUNT NUMBER:	
NEW BANK ACCOUNT NUMBER:	
OLD BANK NAME:	
NEW BANK NAME:	

MEMBER SIGNATURE _____

CALLED _____ IN BILLING FAXED CHANGE FORM

EMPLOYEE SIGNATURE _____

