



Automatic Withdrawal Form

Complete and submit this form to any company automatically withdrawing funds from your existing checking account. (You may be required to complete an additional form from your company or organization.) Make as many copies of this form as you need.

Company Making Automatic Withdrawals : _____

Address _____

City _____ State _____ Zip _____ Telephone _____

You are currently withdrawing \$ _____ for account number _____

from my checking/ savings account number _____ at:

Name of Old Financial Institution : _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Future Automatic Payments will come from:

Sevier County Bank
111 E. Main Street
P.O. Box 5288
Sevierville, TN 37864

Routing Number :064202763 My Account # _____

I, (print name) _____ hereby authorize you to redirect future automated payments from my checking/savings account at Sevier County Bank, effective (date) _____. If you have any questions about this request, please contact me at (____) _____.

My Legal Name _____

Address _____

City _____ State _____

Zip _____

Signature _____ Date _____

To ensure that you have not omitted any deposits, we recommend that you review a minimum of three consecutive account statements.

