

Account Payment Transfer Form

| CUSTOMER INFORMATION | |
|----------------------|--|
| Name | |
| Address | |
| City, State, Zip | |
| Phone | |
| PAYEE INFORMATION | |
| Name | |
| Address | |
| City, State, Zip | |
| Phone | |

Previous Bank Information:

Bank Name: _____

Routing Number: _____

Account Number: _____

New Bank Information:

Home Federal Bank

624 Market Street

Shreveport, LA 71101

New Account Information:

ABA Routing Number: 311170276

Checking Savings

Account # _____

I have recently changed banks and would like to have automatic payments with your company transferred to my new account. Effective immediately, I authorize the above payee and Home Federal Bank to initiate transactions to my checking/savings account. If you have any questions regarding this request, please contact me by mail or at the phone number listed above.

Sincerely,

Authorized Signature

Date