



Merrick Bank and HSBC Bank

**Checking Account Change Form
Schedule B-1**

AUTHORIZATION FOR DEPOSIT AND/OR PRE-AUTHORIZED PAYMENT

COMPANY NAME	MERCHANT NUMBER	COMPANY TAX ID#

COMPANY STREET ADDRESS		

CITY	STATE	ZIP
_____	_____	_____
I hereby authorize Merrick Bank or HSBC Bank to initiate debit/credit entries to my account at the financial institution indicated below.		
FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION ROUTING NUMBER (ABA#)	
_____	_____	
FINANCIAL INSTITUTION STREET ADDRESS		

CITY	STATE	ZIP
_____	_____	_____
BRANCH		

ACCOUNT TYPE CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/>	ACCOUNT NUMBER	

This authority is to remain in full effect until "Company" has received written notification from me of its termination in such time and in such manner as to afford "Company" and "Bank" a reasonable opportunity to act on it.		
SIGNATURE	DATE	
_____	_____	
PRINT NAME		

PLEASE INCLUDE A VOIDED CHECK