



Westamerica 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 Westamerica 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 Westamerica Bank a reasonable opportunity to act on it.		
SIGNATURE _____	DATE _____	
PRINT NAME _____		

PLEASE INCLUDE A VOIDED CHECK