FORM 3

Automatic Payment Request

PRIME
MERIDIAN
BANK™

☐ Establish Automatic Payment

☐ Change my existing Automatic Payment

Automatic Payment Information:

Company Name: _____

Company Account #: _____

Payment Amount: $ _____

Personal Information

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Daytime Phone Number: _____

Banking Account Information

Account Type:

☐ Checking   ☐ Savings   ☐ Money Market

Prime Meridian Bank Account #: _____

Prime Meridian Bank Routing#: **063116481**

I authorize:

☐ The Company listed to initiate withdrawal of my funds from the above Prime Meridian Account

☐ Prime Meridian Bank to debit funds from my account

☐ This authorization to remain in effect until I provide written notice of change or cancellation

Signature: _____ Date: _____

FDIC
Member FDIC
FEDERAL DEPOSIT INSURANCE CORPORATION

EQUAL HOUSING
LENDER