CITY NATIONAL BANK

AUTHORIZATION TO CHANGE MY DIRECT DEPOSIT

Name of direct depositor:	Phone#:
(name of entity depositing to your	r account-please print)
Depositor address:	
I plan to close my checking account at:	Account #:
(name of old finar	
Account holder:	Social Security #:
Effective immediately, I authorize direct deposit to n	my new <u>checking/saving</u> s account at: (Circle one)
City National Bank, 212 North Main, P O) Box 1099, Taylor Texas 76574
My new <u>checking/savings</u> account # is:(Circle one)	The new routing # is 114901859
I have attached a deposit slip or a voided check to ve	erify the new account information.
Signature:	Daytime phone:
	Member FDIC
AUTHORIZATION TO CHANGE AUT	OMATIC PAYMENT
Name of payee: (utility, mortgage lender, investment company or other organiz	Phone#:
Payee address:	and you want to put antonial to the first the
I plan to close my checking account at:	Account #:ncial institution)
(name of old finar	ncial institution)
Account holder:	Social Security #:
Effective immediately, I authorize automatic paymer	nt from my new <u>checking/saving</u> s account at: (Circle one)
City National Bank, 212 North Main, P O) Box 1099, Taylor Texas 76574
My new <u>checking/savings</u> account # is:(Circle one)	The new routing # is 114901859
I have attached a deposit slip or a voided check to ve	erify the new account information.
Signature:	Daytime phone: