



**The Mariner's Switch Kit  
Automatic Payment Authorization Form**

Complete and mail this form to notify merchants to redirect payments from your old checking account to your new checking account at Mariner's Bank. Please attach a voided check from your new Mariner's Bank account.

Date:

Company Name:

Address:

Please accept this letter as authorization to direct all future automatic payments for the following:

Account Holder Name (s):

Address:

Primary Account Holder SSN:

Employee ID (if applicable):

Account Number:

As of \_\_\_\_\_ (date), please begin making the automatic payments to the account referenced below at:

**Mariner's Bank**  
**935 River Road, Edgewater, N.J. 07020**  
**201-224-9110**  
**Bank Routing Number: 021213559**

New Account Number:

Acct Type: Checking

\_\_\_\_\_  
Account Holder Signature

Date

Phone

\_\_\_\_\_  
Account Holder Signature

Date

Phone

**Attach Voided Check from Your  
New Mariner's Bank Account Here**