

# Switch Kit

## Switch Automatic Payment

Please submit separate forms for each automatic payment.

My Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Please change my automatic payment to:

First Interstate Bank  
P.O. Box 30918  
Billings, MT 59116

Checking Account    Savings Account

Account # \_\_\_\_\_

Routing # **092901683**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

Zip Code \_\_\_\_\_

Company Account # \_\_\_\_\_

I authorize this charge to go into effect (MM/DD/YY) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



[firstinterstate.com](http://firstinterstate.com)

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