

**Direct Payment Change Notice for Check Card Deductions (form #2B)**

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**Instructions:** Complete this form and send to company receiving payments directly using your check card.

Check card number \_\_\_\_\_

**Personal Information**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name of Vendor or Company Receiving Payment \_\_\_\_\_

Address \_\_\_\_\_

**Previous Card Information**

Check card number \_\_\_\_\_

**New Card Information**

Check card number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**Authorization**

I hereby authorize this change in direct payment effective as soon as possible.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Questions may be directed to National Penn Bank's Information Center at 1.800.822.3321 or submit your question through our Contact Us form at <http://www.natpennbank.com/contactus/contactus.aspx>



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