



County of York Treasurer's Office Smart Pay Change Request

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www.yorkcounty.gov/treasurer

For changing financial institution

Name _____
Mailing Address _____
Best Contact Number _____
Email Address (Optional) _____

I would like to make the following change to my financial institution:

NEW Financial Institution _____

NEW Bank Account Number _____

Withdraw from Checking **(Attach a voided check bearing the bank account number above)**

Savings **(Attach a voided deposit slip with the bank account number above)**

Signature _____

Current Date _____

***This change will be effective for the next scheduled debit as long as the completed form is received
7 business days before debit occurs***