

change automatic payments/withdrawals



Date

Name of Company That makes Automatic Withdrawal

Address

City, State, Zip

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) for account # _____
on the _____ day of the month from the following account:

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Effective _____ (date), please stop making withdrawals from this account and instead, debit from:

Financial Institution Name: _____

Routing Number: **311376591** _____

Member Number: _____

If you have any questions about this request, please contact me during the
DAY / EVENING (circle one) at (_____) _____ (phone number).

Thank You.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip