Change Automatic Payments/Withdrawals

Make copies of this form as needed.

_____
Date

_____
Name of Company That Makes Automatic Withdrawal

_____
Address

_____
City, State, Zip

To Whom It May Concern:

You are currently withdrawing $ _____ (amount) for my _____ (what payment is for), _____ (account # receiving payment), _____ (when) from the following account:

    Financial Institution Name: _____

    Routing Number: _____

    Account Number: _____

    Account Type: _____

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

    Financial Institution Name: __Service Credit Union__

    Routing Number: _____211489656_____

    Account Number: _____

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

Thank you.

Sincerely,

_____
Name (please print)

_____
Address

_____
City, State, Zip