



Automatic Payments/Witdrawals

Date

Company Name that makes withdrawals

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: _____

Account Type: _____

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

Financial Institution Name: Members First Credit Union

Routing Number: 314978394

Account Number: _____

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

Thank you,

Signature

Name (please print)

Address

City, State, Zip