

Auto Payment/Debit Change Request

Date Company Name that makes withdrawals

Company Address City State Zip Code

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

Financial Institution Name: **Members First Credit Union**
5444 S. Staples St.
Corpus Christi, TX. 78374

Routing Number: **314978394** Account Number: _____

If you have any questions about this request, please contact me at:

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Cell Phone Home Phone Work Phone

Signature Print Name

Address City, State, Zip

Notes:

Main Branch
5444 S Staples St.
Corpus Christi, TX 78411
Ph: 361-991-6178
Fax: 361-993-1704

SPID Branch
1430 S. Padre Island Dr.
Corpus Christi, TX 78416
Ph: 361-991-6178
Fax: 361-882-4060



Violet Branch
11166 Up River Rd.
Corpus Christi, TX 78410
Ph: 361-991-6178
Fax: 361-241-3997

Harlingen Branch
722 S. Loop 499
Harlingen, TX 78550
Ph: 361-991-6178
Fax: 956-428-3520