

Change Automatic Payment/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 number 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: USSCO Federal Credit Union
Routing Number: 231381569
Account Number: _____
Account Type: _____

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)

Signature

Address

City, State, Zip

