

Change Automatic Withdrawal

Please change accounts for my automatic payments.

Date Company Making Withdrawal

Company Address City/State/ZIP

To whom it may concern:

I have recently changed to SafeAmerica Credit Union. You are currently withdrawing \$_____ each month from the following account:

Old Financial Institution Name Routing Number

Account Number Checking Savings

For (payment or reason) On (date of month)

Please stop making withdrawals from this account on (date: MM/DD/YY) ____/____/____ and start making them from my new SafeAmerica Credit Union account.

SafeAmerica Credit Union **321171757**
Financial Institution Name Routing Number

Account Number

If you have any questions about this request, please contact me. Thank You.

Name (please print) Signature

Address City, State, ZIP

Telephone: Day / Evening (circle one)

Make as many copies as needed.

