

REQUEST TO CHANGE AUTOMATIC PAYMENT / WITHDRAWAL

Company Name

Address

City, State, Zip

Date

To Whom It May Concern:

I would like to change my automatic payment arrangements with your company as follows:

You are currently debiting \$_____ for payment of my _____,
(Internet Access, Insurance, Gym Membership, etc.)

(Account # _____), on the _____ of each month / quarter.
(15th, 30th, 1st, etc.)

The debit is currently being withdrawn from the following account:

Credit Union / Bank _____

ABA Routing Number _____

Account Number _____

Please discontinue withdrawals from the above account and begin debiting the account below:

SD Medical Federal Credit Union

ABA Routing Number: 322281439

Account Number: _____ Checking Savings

Please note that I have included a voided check or deposit slip with this request form.

If you have any questions, please contact me directly at (_____)_____.

Thank you in advance for your assistance with this matter.

Sincerely,

Signature

Name

Address

City, State, Zip