Change Automatic Withdrawal Form

Effective Date: _____ / _____ / _____

Name of Company that makes Automatic Withdrawals: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

To Whom it may concern:

You are currently withdrawing $_____ (*amount*)

for my _____ (*what payment it is for*),

from _____ (*account number*),

on _____ (*when*) **from the following account:**

Financial Institution Name: _____

Routing #: _____ **Account #:** _____

Account Type: ☐ **Checking** ☐ **Savings** **Account Owner's Name:** _____

Please stop making withdrawals from that account and instead make them from:

Financial Institution Name: Citadel Credit Union

Routing #: 231380104 **Account #:** _____

Account Type: ☐ **Checking** ☐ **Savings** **Account Owner's Name:** _____

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

Phone number: _____ **Best time to call:** _____

Thank you.

Sincerely,

Member Signature: _____ Name: _____

Address: _____ City, State, Zip: _____

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