



____/____/____
Effective Date

CHANGE AUTOMATIC WITHDRAWAL

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 is for)
from _____ (account number), on _____ (when) from the following account:

Financial Institution Name

Routing Number

Account Number ☐ CHECKING ☐ SAVINGS

Please stop making deposits to that account and instead make them to:

Financial Institution Name

Routing Number

Account Number

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

Phone Number

Best Time to Call

Thank you.
Sincerely,

Signature

Name (please print)

Address

City, State, Zip

Member
FDIC

