

change automatic payments/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 account # _____
on the _____ day of month 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: Truiliant FCU

Routing Number: 253177832

Member Number: _____

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)

Address

City, State, Zip