

CHANGE AUTOMATIC PAYMENT/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 my _____
(what payment is for), _____ (account # receiving payment),
_____ (when) 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: Robins Federal Credit Union

Routing Number: 261171587

Account Number: _____

If you have any questions about this request, please contact me during the

DAY / EVENING (circle one) at (_____) _____ (phone number).

Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip