

Change Automatic Payment

(Make copies of this form as needed.)

Date ____ / ____ / ____

Name of Company Making Automatic Withdrawals _____

Mailing Address _____

City _____ State _____ Zip _____

To Whom It May Concern:

You are currently withdrawing \$ _____ from my checking account on _____

AMOUNT

WHEN

for _____ paid to _____

WHAT PAYMENT IS FOR

ACCT NUMBER RECEIVING PAYMENT

It is being withdrawn from the following account:

Previous Financial Institution _____

Financial Institution Routing Number: _____

Account Number: _____

Please stop making withdrawals from the above account and instead make them from:

Financial Institution: **ElectTel Cooperative Federal Credit Union** FI Routing Number: **253176930**

Account Number: _____ Checking Savings

If you have any questions about this request, please contact me at one of the following numbers:

Daytime (_____) _____ Evening (_____) _____

Name (Please Print) _____

Signature _____

Mailing Address _____

City _____ State _____ Zip _____



This credit union is federally insured by the National Credit Union Administration and is an Equal Housing Lender.



COOPERATIVE FEDERAL CREDIT UNION

Your Co-op, Your Credit Union

www.electtelccu.org

800.849.5600