



Automatic Withdrawal Change Request

Date

ID Number

Debiting Company's Name

Street Address

City, State, Zip

Instructions:

Print a form out for each company that withdraws automatically from your account and mail a completed form to them. Keep in mind that many companies require sufficient lead time to change an automatic debit.

To whom it may concern:

Your company currently withdraws \$ _____ per _____ from my account at:

Name of Institution

Routing (ABA) Number (9 digits on check bottom)

Account number

Please discontinue debiting from this account and:

Begin withdrawing those same funds from:

U.S. Employees Federal Credit Union

4301 S. Interstate 44

Oklahoma City, OK 73119

(405) 685-6200

Routing # 303085609

Account # _____

Checking Savings

If this request requires any additional information from me please contact me at the number listed below.

Sincerely,

Signature

Printed Name

Street Address

Daytime Phone

City, State, Zip

Email Address