



# Authorization for Automatic Payment Transfer

**Date:**

**Company Name:**

Dear \_\_\_\_\_,

I am writing to inform you of a change in my banking relationship concerning my Account Number:

I currently have my \_\_\_\_\_ payment automatically withdrawn from my Checking/Savings Account Number: \_\_\_\_\_ at \_\_\_\_\_ on the \_\_\_\_\_ of the month.

I would like to transfer these monthly transactions to my new financial institution, MY CREDIT UNION, and submit this letter as written notification of that intention.

I understand I need to give you at least two weeks notice prior to the next scheduled transaction.

Therefore, I expect the last transaction to be the one dated \_\_\_\_\_ and the first one from MY CREDIT UNION to be dated \_\_\_\_\_.

Thank you for your prompt attention to this request. I have enclosed an Authorization for Automatic Payment form that includes the information necessary for you to begin withdrawals from my MY CREDIT UNION account.

Sincerely,

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Signature (if joint account): \_\_\_\_\_

**Name:**

**Address:**

**Phone:**

Enc: