

Automatic Withdrawal Request Form

Step 3

To whom it may concern:

Please accept this letter as authorization to change my automatic payments from my old account to my new account at Catholic Federal Credit Union.

Effective _____, please discontinue making payments from:

Financial Institution Name: _____
Bank Routing Number: _____
Account Number: _____

I hereby authorize any future automatic payments to be taken out of my new account at Catholic Federal Credit Union.

Catholic Federal Credit Union

6180 State St.

Saginaw, MI 48603

Routing Number: 2 7 2 4 8 4 4 4 1

Account Number:

Checking Account

Savings Account

Effective _____, please cancel my automatic withdrawals.
Date

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

(_____) _____
Phone

Signature

Date

