

# Automatic Withdrawal Change Request Form



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

To: \_\_\_\_\_  
Name of company that makes automatic withdrawal

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**RE: Change In Automatic Withdrawal**

**To Whom It May Concern:** You are currently withdrawing \$ \_\_\_\_\_ on a \_\_\_\_\_ basis  
(amount) (weekly, bi-weekly, monthly)  
for my \_\_\_\_\_ payment  
(what payment is for)  
from: \_\_\_\_\_ at \_\_\_\_\_  
account or card number Old Financial Institution

Effective \_\_\_\_\_ (date) please stop making withdrawals from that account.

(Check one)

Begin withdrawals from my account at: **1<sup>st</sup> Community Credit Union**  
**PO Box 167**  
**1000 W. Wisconsin St**  
**Sparta, WI 54656**  
**Routing Number: 275981909**  
Account Number: \_\_\_\_\_ Savings/Checking  
(circle one)

I will make phone contact to give you my 1<sup>st</sup> Community Credit Union credit card number.

I will use Online Bill Pay to make future payments.

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

Day / Evening at (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(circle one) (phone number)

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip