

Authorization for Automatic Payment Transfer

Date: _____

To Whom it May Concern: _____
(Merchant Name)

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

Account Number: _____

I currently have my payment automatically withdrwn from my Checking/Savings account
(_____) at _____ on the _____ of the month.
(Old Account Number) (Old Financial Institution) (Day)

I would like to transfer these monthly transactions to my new financial institution, Central Minnesota Credit Union and submit this letter as written notification of that intention. I understand that 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 _____

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 Central Minnesota Credit Union account.

Sincerely,

Signature: _____ Date: _____

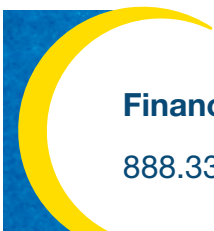
Joint Signature: _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____



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