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### 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I currently have my payment automatically withdrawn from my Checking/Savings account  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: \_\_\_\_\_