



Sheboygan
Area Credit
Union

Authorization for Transferring Automatic Payments

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I currently have my _____ payment automatically withdrawn from my Checking/Savings Account Number: _____ at _____ on the _____ of the month.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, **Sheboygan Area 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 **Sheboygan Area 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 **Sheboygan Area Credit Union** account.

Sincerely,

Signature: _____ Date: _____

Second Signature (if joint account): _____

Name:

Address:

Phone:

Enc: