



Automatic Payment Change Form

This form should be filled out sent to the payee or merchant, with whom you currently have automatic payments set up. This would include: utility companies, credit card companies, mortgage holders, ect.

Employer/Depositor Name

Address

City

State

Zip

To Whom it May Concern:

You are currently withdrawing \$_____ for the payments of my_____ on the _____ of each month from the account listed below: (type of payment) (day)

Financial Institution

Routing Transit Number

Account Number

Please stop withdrawing from the above account upon receiving this letter and begin to withdraw from the account listed below.

New Account Information:

Hoosier Hills Credit Union

Financial Institution

283977633

Routing Transit Number

Account Number : _____ Account Type _____ Savings _____ Checking

If you have any questions about this request, please feel free to contract me at:

Telephone number

Thank you

Sincerely,

Name (Please Print)

Signature

Address

City

State

Zip

Phone