



## 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, etc.

\_\_\_\_\_  
**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 contact me at:

\_\_\_\_\_  
Telephone number

Thank you

Sincerely,

\_\_\_\_\_  
**Name ( Please Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Phone**