

CHANGE REQUEST - AUTOMATIC WITHDRAWAL

Today's Date _____

Company that makes withdrawal _____

Company Address _____ City, State, Zip _____

TO WHOM IT MAY CONCERN:

You are currently withdrawing \$ _____ (amount), per _____ (how often)

for _____ (what payment is for), from the following account:

Name of Financial Institution _____

Address _____

City, State, Zip _____

Account Number _____

Please stop making withdrawals from that account and instead make them from:

Name of Financial Institution _____

Address _____

City, State, Zip _____

Account Number _____

If you have any questions about this request, please contact me during the DAY/EVENING (circle one) at

(____) _____ (phone number).

Thank you.

Signature _____

Name (print) _____

Address _____

City, State, Zip _____

Other Information (soc.Sec.#, ID#, etc.) _____