

STEP 4

Authorization to Change Automatic Withdrawal

Date

Name of company receiving payment

Address

City, State Zip

Account Number

To Whom It May Concern:

Please change my Automatic Payment in the amount of \$ _____ each _____ to be withdrawn from:

Fulda Area Credit Union
205 North St. Paul Ave
Fulda, MN 56131
Routing/Transit Number: 291281560
Account Number: _____ Account Type: _____

Please discontinue the automatic payment from:

Financial Institution: _____
Address: _____
City: _____ State: _____ Zip: _____
Account Number: _____ Routing/Transit Number: _____

If you have any questions, please contact me at _____ .

Thank you,

Signature

Date

Printed Name

Address

City, State Zip