

Authorization for Automatic Payment Transfer

	(insert date)				
Dear	(name of vendor)				
	I am writing to inform you of a change in m	y banking rel	ationsh	ip concerning my account num	ber
	# (vendor account #)				
	I currently have my (name of vendor)	p	paymen	t automatically withdrawn from	my
	checking/savings account #		from	(bank or credit union name)	
	on the (1st, 15th, etc.) of the mo	nth.			
			, no fir		
	I would like to transfer these monthly trans				
	Consumers Credit Union, and submit this l	etter as writte	en notifi	cation of that intention.	
	I understand I need to give you at least two	o weeks notic	e prior	to the next scheduled transacti	on.
	Therefore, I expect the last transaction to be	oe the one da	ited (da	ate of last transaction)	
	and the first one from Consumers Credit U	nion to be da	ted (da	ate of next transaction) .	
	Thank you for your prompt attention to this	s request. I ha	ive encl	losed an Authorization for Auto	matic
	Payment form that includes the information	n necessary fo	or you t	o begin withdrawals from my	
	Consumers Credit Union account.				
	Sincerely,				
	(name)				
	(street address)				
	(city, state, zip)				
	(phone number)				

Enc: Authorization for Automatic Payment