

Authorization for Transferring Automatic Payment

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Please tab through fields to enter information.

Fill out this form, print, and send it to each of your vendors to transfer any automatic payments from your old account to your new **66 Federal Credit Union** account.

Dear :

I am writing to inform you of a change in my banking relationship concerning my account number

.

I currently have my payment automatically withdrawn from my

Checking/Savings account # from

on the day of the month.

I would like to transfer these monthly transactions to my new financial institution,

66 Federal Credit Union, and submit this letter as written notification of that intention.

I understand I need to give you at least two weeks notice prior to the next scheduled transaction.

Therefore, I expect the last transaction to be the one dated

and the first one from **66 Federal Credit Union** to be dated .

Thank you for your prompt attention to this request. I have enclosed an Authorization for Automatic Payment form that includes the information necessary for you to begin withdrawals from my **66 Federal Credit Union** account.

Sincerely,

(Your Signature)

Enc:

Authorization for Transferring Automatic Payment

(Page 2 of 2)

Please tab through fields to enter information.

Fill out this form, print, and send it to each of your vendors to transfer any automatic payments from your old account to your new **66 Federal Credit Union** account.

Name:

Phone Number:

Address:

City: State: Zip:

Bank Address:

66 Federal Credit Union
P.O. Box 1358
Bartlesville, OK 74005
Transit/ABA# 303184652

**NOTE: FOR VERIFICATION PURPOSES ATTACH A VOIDED
66 FEDERAL CREDIT UNION CHECK TO THIS FORM.**

Financial Institution Account #: Checking Account Savings Account

Vendor Name: Day of Month to Withdraw:

Vendor Account #: Payment Amount:

I (we) authorize to initiate variable entries to my checking/savings.

This authorization will remain in effect until I notify

in writing to cancel it in such time as to afford a reasonable opportunity to act.

I also agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that retains its normal collection rights.

(Primary Account Holder Signature)

(Joint Account Holder Signature)

(Date)