

# AUTHORIZATION TO CHANGE AUTOMATIC WITHDRAWAL

Complete this authorization to have automatic withdrawals made from your Community Powered Federal Credit Union account. Print one authorization for each company that makes automatic withdrawals from your account. Remember to change any automatic payments made by debit card as well.

\_\_\_\_\_  
Date                      Name of Company that Makes Automatic Withdrawal

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip

## To Whom It May Concern:

You are currently withdrawing \$ \_\_\_\_\_ (amount) on a \_\_\_\_\_ (when) basis for my \_\_\_\_\_ (what payment is for) from the following account:

\_\_\_\_\_  
Old Bank                      Routing Number

\_\_\_\_\_  
Account Number                      Card Number

## Please discontinue withdrawals from this account and (check one):

- Begin withdrawals from my account at:
- Community Powered  
Federal Credit Union  
P.O. Box 7739  
Newark, DE 19714-7739  
231177016**
- \_\_\_\_\_  
Routing & Transit Number
- \_\_\_\_\_  
Account Number
- Account Type:    Savings    Checking
- Begin withdrawals from my Community Powered Federal Credit Union card:
- \_\_\_\_\_  
Card Number
- \_\_\_\_\_  
Expiration
- \_\_\_\_\_  
CVV
- I will use Community Powered Federal Credit Union's Bill Pay service to make future payments.

If you have any questions about this request, please contact me during the  day  evening at (\_\_\_\_\_) \_\_\_\_\_  
Phone Number

Thank You.

Sincerely,

\_\_\_\_\_  
Signature                      Name

\_\_\_\_\_  
Address                      City                      State                      Zip

*Please complete this form, print, sign, and return to the appropriate institution.*



**YOUR COMMUNITY CREDIT UNION**  
The Banking Alternative in New Castle County