

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
1758 Pulaski Hwy
Bear, DE 19701
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, sign, and return to the appropriate institution.



YOUR COMMUNITY CREDIT UNION