CHANGE AUTOMATIC WITHDRAWAL

_____ / _____ / _____
Effective Date

_____
Name of Company That Makes Automatic Withdrawals

_____
Address

_____ _____ _____
City   State   Zip

To whom it may concern:

You are currently withdrawing $_____ (amount) **for** _____

_____ (what payment is for), **from** _____ (account number),

on _____ (when) **from the following account:**

_____
Financial Institution Name

_____ _____ ☐ CHECKING ☐ SAVINGS
Routing Number   Account Number

Please stop making withdrawals from that account and instead make them from:

LUSO Federal Credit Union
Financial Institution Name

211883922
Routing Number   Account Number   ☐ CHECKING ☐ SAVINGS

If you have any questions about this request, please contact me at:

(___) ___ - _____ _____
Phone Number   Best Time to Call

Thank you.

Sincerely,

_____ _____
Signature   Name (please print)

_____ _____
Address   City, State, Zip

LUSO _federal_ CREDIT UNION