



Automatic Payment Request Form

This form should be filled out and sent to the payee or merchant with whom you currently have automatic payments set up. This would include utility companies, credit card companies, mortgage holders, etc.

Employer/Depositor Name

Address

City, State, Zip

To Whom It May Concern:

You are currently withdrawing \$ _____ for the payment of my _____ on the _____ of
each month from the account listed below: (type of payment) (day)

Financial Institution

Routing Transit Number

Account Number

Please stop withdrawing from the above account upon receiving this letter and begin to withdraw from the account listed below

New Account Information:

Beacon Credit Union

Financial Institution

274976151

Routing Transit Number

Account Type: Savings _____ Share Draft Checking _____

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

Telephone number

Thank you.
Sincerely,

Name (Please Print)


Signature

Address

City, St, Zip

Phone

*Remember to include a voided check with your request

 **AMERICAN SHARE INSURANCE**
Each account insured up to \$250,000.
By members' choice, this institution is not federally insured.