



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 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