



# Change Automatic Payments / Withdrawal

Make copies of this form as needed

Date

Name of Company That Makes Automatic Withdrawal

Address

City

State

Zip

## To Whom It May Concern:

You are currently withdrawing \$ \_\_\_\_\_ for my \_\_\_\_\_  
(what payment is for).

My customer # (or other identifying#) for the above withdrawal is \_\_\_\_\_ and  
withdrawals are made \_\_\_\_\_ (when) from the following account:

**Financial Institution Name:**

**Routing Number:**

**Account Number:**

**Account Type:**

Effective \_\_\_\_\_ (Date), please stop making deposits to that account and  
instead send them to:

**NIH Federal Credit Union**

**Routing Number: 2550769044**

**Account Number:**

If you have any questions about this request, please contact me during the  
\_\_\_\_\_ Day \_\_\_\_\_ Evening (Select One) at \_\_\_\_\_ (Phone Number)

Thank you.

Sincerely,

\_\_\_\_\_  
Signature

Name

Address

City

State

Zip