



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