



Federal  
Credit  
Union

# Automatic Payment/Withdrawal Authorization Form

Complete and send this form to each company that makes automatic payments from your current account that you would like to change to the NIH Federal Credit Union.

To Whom It May Concern:

Date: \_\_\_\_\_

I have recently opened a new checking account with the NIH Federal Credit Union (NIHFCU). This letter is authorization for \_\_\_\_\_ (company) to change my automatic payment/withdrawal to my new NIHFCU account.

**Your company is currently making the following withdrawals:**

Amount:	\$ _____
Deducted on: (date/when)	_____
For what: (reason for withdrawal/payment)	_____
From: (Current financial institution name)	_____
Account #: (at current financial institution)	_____
Routing #: (at current financial institution)	_____

**As of \_\_\_\_\_(date: mm/dd/yyyy), please stop making withdrawals from the above account and instead, start making all future withdrawals from my NIHFCU account below.**

Financial Institution Name:	<b>NIH Federal Credit Union</b>
Account Number: (8 digits)	_____
Routing Number:	<b>255076944</b>

If this letter is not sufficient to change my automatic payments/withdrawals or if you have any questions, please contact me during the day \_\_\_\_ / evening \_\_\_\_ (select one or both) at the following phone number: \_\_\_\_\_.

Thank you for your attention to this important request.

Sincerely:

Authorized Signature: X \_\_\_\_\_

Printed Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_