



Authorization for Changing Automated Payment

Date: _____

Dear: _____
(vendor Name)

I am writing to inform you of a change in my banking relationship concerning my

Account Number _____
(Vendor Account Number)

I Currently have my _____ payment automatically withdrawn from my
(Vendor Name)

Account with _____ on the _____ of the month.
(Financial Institution Name) (1st, 15th, etc.)

I would like to transfer these monthly transactions to my new financial institution, Northern Lights Credit Union, and submit this letter as written notification of that intention.

I understand I need to give you at least two week's notice prior to the next scheduled transaction.

Therefore, I expect the last transaction to be the one dated _____.
(Date of last transaction)

Thank you for your prompt attention to this request, I have enclosed an Authorization for Automatic Payment Form that includes the information necessary for you to begin withdrawal from m Northern Lights Credit Union account.

Sincerely,

Signature: _____ Date: _____

Joint Signature: _____ Date: _____

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____