



## Authorization for Automatic Payment Transfer

(take this completed form to your vendor or merchant)

**Dear:**

I am writing to inform you of a change in my banking relationship concerning my Account Number: \_\_\_\_\_ .

I currently have my \_\_\_\_\_ payment automatically withdrawn from my Checking/Savings Account Number: \_\_\_\_\_ at \_\_\_\_\_ on the \_\_\_\_\_ of the month.

I would like to transfer these monthly transactions to my new financial institution, 1ST Gateway Credit Union, and submit this letter as written notification of that intention.

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

Therefore, I expect the last transaction to be the one dated \_\_\_\_\_ and the first one from 1ST Gateway Credit Union to be dated \_\_\_\_\_

Thank you for your prompt attention to this request. The information necessary for you to begin withdrawals from my 1ST Gateway Credit Union account is as follows.

**Share Savings    OR    Share Draft Checking    Account Number**  
**Routing/ABA # 273973320**

Sincerely,

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

Second Signature (if joint account): \_\_\_\_\_

Enc: