

Change Automatic Payment

Complete and submit to payee(s).
Please make as many copies as needed for all of your automatic withdrawals.

Date _____

Name of Company _____

Address of Company _____

City, State, Zip _____

To Whom It May Concern:

You are currently withdrawing my _____ payment from my account
at _____ for my _____. I would
like to stop payments from the current financial institution and start new payments using the new financial institution listed below.

CURRENT

CURRENT Financial Institution: _____

Routing Number: _____

Account Number: _____

Please stop making withdrawals from the above account and begin using the account below immediately:

NEW

NEW Financial Institution: ProMedica Federal Credit Union _____

Routing Number: 241282373 _____

Account Number: _____

If you have any questions about this request, please contact me at _____
phone number

Signature _____

Name (please print) _____

Address _____

City, State, Zip _____

2301 West Central Ave. 419-479-4040
Toledo, Ohio 43606 419-471-1837 (Fax)
www.promedicafcu.com

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Your financial health. Our mission.