## AUTOMATIC PAYMENTS LETTER



Fill out form and mail to the accounting department of each company that pulls payments out of your account(s) automatically.

	TTENTION: Accounts Receivable/Accounting			
	have recently changed financial institutions and would like to have my automatic ayments with your company charged to my new account.			
	Please discontinue debiting my previous account and begin making automatic withdrawals from my new Linn Area Credit Union account (information is listed below).			
	f you have any questions regarding this request, please contact me by mail or call me at he phone number listed below. Thank you for your prompt assistance in this matter.			
	Sincerely,			
_				
	AUTHORIZED SIGNATURE (Original signature required to authorize change	e)	DATE	
F	AUTOMATIC PAYMENT INFORM	MATION		
_	MY NAME			
-	MY ADDRESS			
	1		I	
-	 CITY / STATE		ZIP	
-	HOME PHONE	WORK PHONE		
	TOWL THONE	WORK PHONE		
-	AMOUNT DEBITED (Enter payment amount or "amount due")			
	ı	,,	I	
_	TYPE OF PAYMENT (Example: mortgage payment)		DATE(S) OR FREQUENCY OF PAYMENT	
	LINN AREA CREDIT UNION	273972897		
	NEW CREDIT UNION	ROUTING NUMBER		
	│ □ Check	kina		
-	ACCOUNT NUMBER AND TYPE Savings			