



Request to Move Automatic Payment

To whom it may concern:

I authorize your company to initiate debit entries from my account at **Windward Community Federal Credit Union**. I understand that this authorization will remain in full force and effect until all parties have received written notification from me of its termination. Please begin withdrawing future payments from my **Windward Community Federal Credit Union** account listed below as of:

____/____/____(mm/dd/year).

Windward Community Federal Credit Union

6699 Mokapu Road

Kailua, HI 96734

808-254-3566

Routing # **321380315**

Account Number

Note: To have your funds withdrawn from your checking account, use your account number and indicate checking.

If you have any questions or concerns please contact me at _____.

Thank you,

Member's Name (Print) Phone

Signature/ Date

Company Account Number

Complete and return this form to your payment company for immediate processing.

NOTE: Please copy this page and send a separate copy to each of your payment companies.

Should you have any questions please give us a call at 808-254-3566 or contact us at www.wcfcu@wcfcuhawaii.org