



Automatic Withdrawal Authorization

This form is keyboard friendly or you can print and complete it by hand.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal.

Notification of Withdrawal Authorization Change

Company Name	<input type="text"/>
Account #	<input type="text"/>
Payment Amount	<input type="text"/>
City, State, Zip	<input type="text"/>
Phone #	<input type="text"/>

Please change my automatic withdrawal from

Financial Institution	<input type="text"/>	
Account #	<input type="text"/>	Routing # <input type="text"/>

Please make all future automatic withdrawals from

Financial Institution	Ascentra Credit Union	
Account #	<input type="text"/>	Routing # 273973456

This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.

Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>		
Address	<input type="text"/>		
City, State, Zip	<input type="text"/>		
Phone #	<input type="text"/>		

Common Automatic Withdrawals

Home Mortgage
Auto Loans
Utilities
Internet/Cable
Insurance
Credit Cards
Investments
Charity Donations
Subscriptions
Memberships