



Request to Change Automatic Payments

Date: _____

Dear: (Vendor Name) _____,

I am writing to inform you of a change concerning my account number:

I currently have my payment automatically withdrawn from my Checking/Savings with
(name of financial institution) _____

account number: _____ on the _____ day of the month.

Effective (date) _____, please begin withdrawing this payment, according to
the same terms as agreed upon, from:

CrossRoads Financial Federal Credit Union

1102 W. Votaw St., Portland, IN 47371

Routing Number: 274975602

Account Number: _____

Thank you for your prompt attention to this request.

Sincerely,

Signature: _____ Date: _____

Second Signature (if joint account): _____ Date: _____

Printed Name(s): _____

Address: _____

Phone Number: _____