



Authorization for Transferring Automatic Payments

Date:

Company Name:

Dear _____,

I am writing to inform you of a change in my banking relationship concerning my Account Number: _____

I currently have my _____ payment automatically withdrawn from my
Checking/Savings Account Number: _____ at _____
_____ on the _____ of the month.

I would like to transfer these monthly transactions to my new financial institution, **Mid Oregon Credit Union**, and submit this letter as written notification of that intention.

I understand I need to give you at least two weeks notice prior to the next scheduled transaction.

Therefore, I expect the last transaction to be the one dated _____
and the first one from **Mid Oregon Credit Union** to be dated _____

Thank you for your prompt attention to this request. I have enclosed an Authorization for Automatic Payment form that includes the information necessary for you to begin withdrawals from my **Mid Oregon Credit Union** account.

Sincerely,

Signature: _____ Date: _____

Second Signature (if joint account): _____

Name:

Address:

Phone:

Enc: