

Authorization for Automatic Payment Transfer

Present the following form to the payee or merchant with whom you currently have automatic payments. This could include: utility companies, credit card companies, mortgage holders, etc. This request would stop payments that are withdrawn from your current financial institution, and allow the withdrawal from your MEMBERS1st account to occur.

Company or Financial Institution Name

I request to Stop Automatic Payments from the following account:

You are currently withdrawing \$ _____ for the payment of _____
Amount Withdrawn *Type of Payment*

on the _____ of each month, from the account listed below.
Date

Financial Institution's Name

ABA/Routing Number

Card/Account Number

Request to withdraw Automatic Payments from the following account:

MEMBERS1st Community Credit Union

Financial Institution's Name

273975331

ABA/Routing Number

Card/Account Number

Account Type Checking Savings

Any further questions, please contact me:

Name (Printed)

Email Address

Address

City/State/Zip

Signature

Date

Telephone