

# STEP 4

## Authorization to Change Automatic Withdrawal

Date

Name of company receiving payment

Address

City, State Zip

Account Number

***To Whom It May Concern:***

Please change my Automatic Payment in the amount of \$ \_\_\_\_\_ each \_\_\_\_\_ to be withdrawn from:

Fulda Area Credit Union  
205 North St. Paul Ave  
Fulda, MN 56131  
Routing/Transit Number: 291281560  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Please discontinue the automatic payment from:

Financial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Routing/Transit Number: \_\_\_\_\_

If you have any questions, please contact me at \_\_\_\_\_ .

Thank you,

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name

Address

City, State Zip