



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I currently have my payment automatically withdrawn from my Checking/Savings with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:

1414 Chatburn Avenue

Harlan IA 51537

Routing Number: 304977677

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: _____