



Authorization to Change Automatic Withdrawal

Instructions: Complete this authorization to have automatic withdrawals made from your State Department Federal Credit Union account. Print one authorization for each company that makes automatic withdrawals from your account. Remember to change any automatic payments made by debit card too.

Date

Name of Company That Makes Automatic Withdrawal

Address

City/State/Zip

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) on a _____ (when) basis for my _____ (what payment is for) from:

Old Bank: _____

Routing Number: _____

Account Number: _____

or

Card Number: _____

Please discontinue withdrawals from this account and (check one):

Begin withdrawals from my account at:

State Department Federal Credit Union

1630 King St

Alexandria, VA 22314-2745

Routing Number: 256075342

Account Number: _____ Savings /Checking (circle one)

Begin withdrawals from my State Department Federal Credit Union card:

Card Number: _____ Expiration: _____ CVV: _____

I will use State Department Federal Credit Union's Bill Pay service to make future payments.

If you have any questions about this request, please contact me during day / evening (circle one) at _____ (phone number)

Thank you.

Sincerely,

Signature

Name

Address
