

PLEASE CHANGE ACCOUNTS FOR AUTOMATIC WITHDRAWAL/DRAFT

(Allow 15 days for processing)

TODAY'S DATE

COMPANY NAME

CUSTOMER NUMBER

ADDRESS

CITY

STATE

ZIP

TO WHOM IT MAY CONCERN:

I've recently changed banks and opened an account with Education First Credit Union. A withdrawal/draft in the amount of \$_____ is currently being withdrawn on _____ from the following:
(Day of Month)

Financial Institution _____
Routing number _____
Account number _____

PAYMENT TYPE OR REASON FOR AUTOMATIC WITHDRAWAL/DRAFT

Please stop the automatic withdrawal/draft from the current account on _____
(Date)

And start the withdrawal/draft from my Education First Credit Union Account

Education First Credit Union Routing Number: 244077271

Education First Credit Union Account Number: _____

In the amount of \$_____ on _____
(Day of Month)

ADDRESS: 399 E. Livingston Ave.

CITY: Columbus

STATE: Ohio

ZIP: 43215

PHONE NO: 614-221-9376 or toll free 1-866-628-6446

EDUCATION FIRST CREDIT UNION REPRESENTATIVE: _____

If you have any questions, please let me know. Thank you.

Sincerely,

SIGNATURE

DATE

NAME (PLEASE PRINT)

PHONE

DAY / EVENING (circle one)

ADDRESS

CITY

STATE

ZIP

(BE SURE TO KEEP A COPY OF THIS DOCUMENTATION FOR YOUR FILES.)