PLEASE CHANGE ACCOUNTS FOR AUTOMATIC WITHDRAWAL/DRAFT

(Allow 15 days for processing)

TODAY'S DATE			-
COMPANY NAME	DMPANY NAME CUSTOMER NUMBER		
ADDRESS			
CITY	STATE		ZIP
TO WHOM IT M	AY CONCERN:		
A withdrawal/dra	aft in the amount of \$ from the following:		Education First Credit Union. currently being withdrawn
Routing number	ion		
P	AYMENT TYPE OR REASC	N FOR AUTOMATIC	WITHDRAWAL/DRAFT
Please stop the	automatic withdrawal/d	raft from the curre	nt account on
	hdrawal/draft from my E		(Date)
Education First	Credit Union Routing No	umber: 24407727	
	f \$		
Address: 510 E	: Mound St		(Day of Month)
CITY: Columbus		STATE: Ohio	ZIP : 43215
	, 4-221-9376 or toll free 1		EII . 10210
			- .
	RST CREDIT UNION R		
Sincerely,	questions, please let mo	e know. Thank you	I.
SIGNATURE			DATE
NAME (PLEASE PR	RINT)		
PHONE	DAY / EVENING (circle	e one)	
ADDRESS			
CITY (BE SUBE TO KEE	STATE	ZIP	NID FILES)

