

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 A withdrawal/draft in the amount of \$_____ is currently being withdrawn on _____ from the following: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: 510 E. Mound St.

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.)



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