

Authorization for Transferring Automatic Payments

Date:

Company Name:			
	Dear	1	
	I am writing to inform you of a change in my banking relationship concerning my Account Number		
	I currently have my	payment automa	tically withdrawn
	from my Checking/Savings Account Number:		at
	on ti	ne	of the month.
	I would like to transfer these monthly transactions to my new financial institution, TEXAR Federal Credit Union , and submit this letter as written notification of that intention.		
	I understand I need to give you at least two weeks notice prior to the next scheduled transaction. Therefore, I expect the last transaction to be the one dated		
	and the first one from TEXAR Federal Credit Union to be dated		
	Thank you for your prompt attention to this request. I have enclosed an Authorization for Automatic Payment form that includes the information necessary for you to begin withdrawals from my TEXAR Federal Credit Union account.		
	Sincerely,		
	Signature:	Date:	
	Second Signature (if joint account):		
Name:			
Address:			
Phone:			
	Enc:		