

Change Automatic Payment/Withdrawals

Make copies of this form as needed.

Date

Name of Company Making the Automatic Withdrawal

Address, City, State, Zip

To Whom It May Concern:

You are currently withdrawing \$_____ for my _____ payment
automatically each _____ (frequency) from the following account:

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Account Type: _____

Effective _____, please stop making withdrawals from that account. Instead,
please make withdrawals from:

Financial Institution Name: Credit Union of New Jersey 609-538-4061

Routing Number: 2312-7861-4

Account Number: _____

Account Type: _____

If you have any questions, please contact me during the day at _____.

Sincerely,

Signature