

CHANGE AUTOMATIC PAYMENT/WITHDRAWALS

Make copies of this form as needed.

Date

Name of Company That Makes Automatic Withdrawal

Address

City, State Zip

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) from my _____ (what payment is for),
_____ (account # receiving payment), _____ (when) from the following account:

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Account Type: _____

Effective _____ (date), please stop making withdrawals from that account and instead debit from:

Financial Institution Name: Houston Texas Fire Fighters Federal Credit Union

Routing Number: 313083714

Account Number: _____

If you have any questions about this request, please contact me during
the DAY/EVENING (circle one) at (____) _____ (phone number).

Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip