

# STEP 4

## Authorization to Change Automatic Withdrawal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of company receiving payment

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Account Number

**To Whom It May Concern:**

Please change my Automatic Payment in the amount of \$ \_\_\_\_\_ each \_\_\_\_\_ to be withdrawn from:

Fulda Area Credit Union

205 North St. Paul Ave

Fulda, MN 56131

Routing/Transit Number: 291281560

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Please discontinue the automatic payment from:

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing/Transit Number: \_\_\_\_\_

If you have any questions, please contact me at \_\_\_\_\_.

Thank you,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip