

STEP 3 Authorization to Change Automatic Withdrawal

Instructions: Complete this authorization to have automatic withdrawals made from your First Education Federal Credit Union account. Print one authorization for each company that makes automatic withdrawals from your account. Remember to change any automatic payments made by debit card.

Current Date: _____

Name of Company _____

Address: _____

City/State/Zip: _____

To Whom It May Concern:

You are currently withdrawing (amount) \$_____ (frequency) _____ for (purpose) _____
from the following institution or credit card:

Old Bank _____

OR

Routing Number _____

Card Number _____

Account Number _____

Please discontinue withdrawals from the account listed above and (check one):

☐ Begin withdrawals from my account at:

First Education Federal Credit Union
PO Box 20030
Cheyenne, WY 82003

Routing Number: 307086617

Account Number: _____

☐ Savings ☐ Checking (check one)

☐ Begin withdrawals from my First Education Federal Credit Union VISA® ☐ debit card / ☐ credit card::

Card Number: _____ Expiration: _____ CVV: _____

☐ I will use First Education Federal Credit Union's Bill Pay service to make future payments.

If you have any questions about this request, please contact me at this phone number _____.

Thank you.

Sincerely,

Signature

Name

Address

City/State/Zip

