## CHANGE AUTOMATIC WITHDRAWAL

		Date
Name of Company That Makes Automatic Withdrawals		
Address		
City	State	Zip
To whom it may concern:		
You are currently withdrawing \$(amount) for	or my	
(what payment is for), from		(account number),
on(when) fro	om the following a	ccount:
Financial Institution Name		
Routing Number	Account Number	☐ CHECKING ☐ SAVINGS
Please stop making withdrawals from that accoun	nt and instead mak	e them from:
First National Bank		
Financial Institution Name		
073901479	_	
Routing Number	Account Number	☐ CHECKING ☐ SAVINGS
If you have any questions about this request, plea	ase contact me at:	
Phone Number	Best Time to Call	
Thank you.		
Sincerely,		
Signature	Name (please print)	
Address	City, State, Zip	



