



**Authorization for  
Automatic Payment Transfer**

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Date

Dear: \_\_\_\_\_  
Name of Service Provider

I am writing to inform you of a change in my banking relationship concerning my  
Account Number: \_\_\_\_\_  
Service Provider Account Number. I currently have my \_\_\_\_\_  
Name of Service  
Provider payment automatically withdrawn from my Checking/Savings Account Number:  
\_\_\_\_\_ at on the \_\_\_\_\_ of the month.

I would like to transfer these monthly transactions to my new financial institution, First  
General Credit Union, and submit this letter as written notification of that intention.

I understand I need to give you at least two weeks' notice prior to the next scheduled  
transaction.

Therefore, I expect the last transaction to be the one dated \_\_\_\_\_ and the  
first one from First General Credit Union to be dated \_\_\_\_\_.

Thank you for your prompt attention to this request. I have enclosed an Authorization  
for Automatic Payment form that includes the information necessary for you to begin  
withdrawals from my First General Credit Union account.

Sincerely,

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Signature (if joint account): \_\_\_\_\_