

# CHANGE NOTICE: AUTOMATIC WITHDRAWAL

Print as many copies of this form as needed.

To: \_\_\_\_\_  
(Name of business that makes automatic withdrawal, i.e. car payment, utility bill, etc.)

Attention: \_\_\_\_\_  
(if you have a contact name, include here)

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

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

You currently automatically withdraw \$ \_\_\_\_\_  weekly  bi-weekly  monthly  
from the financial institution listed below for my \_\_\_\_\_  
(Enter reason for withdrawal here, i.e., auto loan, electric, etc.)

My account number with you is: \_\_\_\_\_

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

Financial Institution Routing Number: \_\_\_\_\_

My Financial Institution Account Number: \_\_\_\_\_

**EFFECTIVE IMMEDIATELY DISCONTINUE MAKING THE WITHDRAWAL FROM THE ABOVE REFERENCED FINANCIAL INSTITUTION AND BEGIN MAKING THE WITHDRAWAL FROM:**



1929 South Cedar Avenue  
Owatonna, MN 55060  
Phone: (507) 455-5430  
Fax: (507) 455-8827  
www.fedecu.com

**Routing Number: 291975326**

Account Number: \_\_\_\_\_  
(enter your Credit Union checking account number)

If you have any questions, please call me at \_\_\_\_\_ (daytime) or \_\_\_\_\_ (evening).

This change is authorized by:

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

Name (print): \_\_\_\_\_

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

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