

AUTOMATIC WITHDRAWAL CHANGE/REQUEST

Complete a copy of this form for each company you authorize to make automatic withdrawals from your Credit Union account

	Start automatic withdrawal	☐ Change aut	omatic withdraw	al		
	ou cannot accept this written reques ase contact me directly using the fol			val or if	you have a question about this req	quest,
TO:	:					
	Company Name					
	Address					
	City		Province		Postal Code	
FR:	Account Holder's Name				\$\$	
	Account Holder's Name				Withdrawal Amount	
	Address					
	City		Provinc	e	Postal Code	
	Phone Number			222271	Number	
I au	thorize this automatic payment to b	e debited from my				
	Branch Number	Account No	Account Number			
	Branch Tumber	Institution Number	7 Recount 1 ve	moer		
	Name of Credit Union		F	Branch		
	Address					
	Effective Date:					
com asso com	nderstand that this authorization is to appany. I further understand that it is ociated with automatic payments or appany. I understand to stop a pre-au ore the scheduled payment.	o initiate a pre-auth my responsibility cancellation, as th	horized, automati to learn from the iis authorization o	compar does not	ny any costs, fees, or procedures override any policies of the billin	
Acc	count Holder's Signature				Date	