

Automatic Withdrawal

Fill out the form below and submit to an authorized payee.

Date:

Name of Company Making the Withdrawal:

Address:

City/State/Zip :

(Complete one form for each Automatic Withdrawal.)

To Whom It May Concern:

You are currently withdrawing _____ (amount) for my _____ (what payment is for).

_____ (account or other identifying number) _____ (when) from the following account.

Former Bank:

Bank Routing Number:

Account Number:

Please stop making withdrawals from that account and instead make them from:

Fort Knox Federal Credit Union

Routing Number: 283978425

Account Number: _____

If you have any questions about this request, please contact me at phone number _____ (day or evening)

Thank You.

Sincerely,

Signature

Co-Signer Signature