

Change Automatic Withdrawal

Instructions: Print and complete this form to have withdrawals/payments made from your account at Educational Employees Credit Union. Make copies of this form and send one completed form to each company or financial institution that makes automatic withdrawals from your account.

Date: _____

To: _____
(Name of company that makes automatic withdrawal)

(Address)

(City, State, Zip)

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) for my _____
(what payment is for), every _____ (when) from:

Old Financial Institution: _____

Routing Number: _____

Account Number: _____ or Card Number: _____

Please discontinue withdrawals from the above account/card and instead make them from:

My account at:

Educational Employees Credit Union
P.O. Box 5242, Fresno, CA 93755

Routing Number: 321172594

Account Number: _____ Savings Checking (check one)

My Educational Employees Credit Union debit/credit card:

Card Number: _____ **Expiration:** _____ **CVV** _____

My contact information is below should you require additional information or if you have any questions. Thank you.

Member Signature, Address, and Contact Information:

Signature _____ Name (print) _____

Address _____ City, State, Zip _____

Phone Number _____



www.myEECU.org
800-538-EECU

