



Authorization to Change Automatic Withdrawal/Payment

Instructions: Complete this authorization to have automatic withdrawals/payments made from your Summit FCU checking account. Print one authorization for each company that makes automatic withdrawals from your account. Remember to change any automatic payments made by debit card transactions too.

Date _____

Name and Address of Company _____
that makes automatic withdrawals: _____

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) on a _____ (when) basis for my _____ (what payment is for) from:

Old Bank: _____

Routing Number: _____

Account Number: _____

OR Card Number: _____

Please discontinue withdrawals from this account and (check one):

Begin withdrawals from my account at:

Summit Federal Credit Union

P O Box 1460, Akron, Ohio 44309-1460

Routing Number: 241273463

Account Number: _____

Begin withdrawals from my Summit Federal Credit Union Mastercard Debit card:

Card Number: _____ Expiration: _____ CVV: _____

I will use Summit Federal Credit Union's Bill Pay service to make future payments.

Thank you for your prompt attention to this request. If you have any questions about this request, please contact me during the day / evening (circle one) at _____ (phone number).

Sincerely,

Signature _____

Address: _____

City/State/Zip: _____