

3 2 1 3 7 9 9 1 5

Automatic Withdrawal Authorization

Fill out this form to authorize a change to any automatic withdrawals or deductions such as your mortgage company, auto insurance, and health club membership fees. Use one form for each automatic withdrawal, make copies as needed.

Notification of Automatic Withdrawal Authorization Change

To Whom it May Concern,

Name of Company

Account Number

Payment Amount

Please discontinue my automatic withdrawal from the following account:

**Old Financial
Institution**

ABA / Routing #

Account #

Please make all future automatic withdrawals from the following account:

**New Financial
Institution**

Kauai Government Employees Federal Credit Union

ABA / Routing #

3 2 1 3 7 9 9 1 5

Account #

This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.

Signature

Date

Name

Address

City, State, Zip

Phone Number

