

Change Automatic Withdrawal

____/____/____
Date

Name of Company that Make Automatic Withdrawals

Address

City, State, Zip

To Whom It May Concern:

You are currently withdrawing \$ _____ for my _____,
Amount What payment is for
_____, on ____/____/____ from the following
account # or other identifying number date being withdrawn

account: Old Financial Institution: _____
F.I. Routing Number: _____
Account Number: _____

I have recently changed financial institutions and I hereby authorize you to switch the regular payment over to my new account at:

Carolina Collegiate FCU
4430 Rosewood Drive
Columbia, SC 29209
(803) 227-5555

routing number 253978824, account number _____. (Attached is a voided check.)

Please contact me at ____ - ____ - ____ with any questions.
Day-time Phone

Thank you,

Signature

Name (Please Print)

Address

City, State, Zip