



Change Automatic Withdrawal

Date

Name of Company that makes Automatic Withdrawals

Address

City, State, Zip Code

To Whom It May Concern:

You are currently withdrawing \$ _____ for _____,
_____, on _____ from the following 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
4480 Rosewood Drive
Columbia, SC 29209
(803) 227-5555**

routing number **253978824**, account number _____. I have attached a voided check.

Please contact me at _____ with any questions.
Daytime phone

Thank you,

Signature

Name (Please Print)

Address

City, State, Zip

Mail or deliver to:

4480 Rosewood Drive, Columbia, SC 29209

710 Pulaski Street, Columbia, SC 29201

University of South Carolina Upstate, Health Education Complex, Room 3000, Spartanburg, SC 29303