

AUTOMATIC PAYMENT AUTHORIZATION FORM

Use this form to request the transfer of an automatic payment to the Webster Federal Credit Union savings and/or checking account. Complete one form for each automatic payment.

Date: _____

Name

Address City State Zip

Home Phone Work Phone Cell Phone

To Whom It May Concern:

I would like to change my payment instructions. Currently you are withdrawing a \$ _____
Payment from:

Financial Institution Name: _____

Address: _____

Routing Number: _____ Account Number: _____

For (reason) _____ on date _____

Effective _____ (date) please stop making withdrawals from the account listed above and start to making payments to my new account at:

Webster Federal Credit Union
815 Ridge Road
Webster, New York 14580-2410
ABA Number 222382616
Phone: (585) 671-8900

Check One Checking Account # _____

Savings Account # _____

Sincerely,

Signature

Joint Account Signature (if needed)