



Leominster Credit Union
You're somebody.

AUTOMATIC PAYMENT/ WITHDRAWAL CHANGE AUTHORIZATION

CONTACT US WITH ANY QUESTIONS

CALL 800-649-4646
OR 978-537-8021
OR ON
Leominstercu.com

Complete this authorization to have automatic payments/withdrawals made from your Leominster Credit Union account. Print one authorization for each company that makes automatic withdrawals from your account including those made by debit card.

Name and Address of the company to whom you wish to make Automatic Payments/Withdrawals

Date: _____

RE: **Automatic Payments/Withdrawals**

To Whom It May Concern:

I have a new checking account with Leominster Credit Union and ask that you change my next automatic payment/withdrawal to my LCU account.

Currently your company is withdrawing the following:

Amount \$ _____ Deducted on (Date/When) _____

For (What payment is for) _____

From Former Financial Institution: _____

Former Account Number: _____

Former Routing Number: _____

As of today, I request that you stop making withdrawals from the above account. Instead, please make all future withdrawals from my new LCU account. The new account information is as follows:

Leominster Credit Union

20 Adams Street

Leominster, MA 01453

Routing Number: 211383736

Account Number: _____ Checking / Savings (circle one)

- Begin withdrawals from my Leominster Credit Union debit card:
Debit Card Number: _____
Expiration: _____
- I will use Leominster Credit Union's Bill Pay Service to make future payments.

If you have any questions regarding this request, please contact me during the day / evening (circle one) at:

(___) _____ phone number | (___) _____ cell number

I authorize you to make automatic payments from my Leominster Credit Union Account as per the original agreement.

Thank you.
Sincerely,

Authorized Signature

Printed Name

Address

City /State / Zip



Equal
Opportunity
Lender