change automatic withdrawal

Please make as many copies as needed for all your automatic withdrawals

Date	
Name of Company That Makes Automatic Withdrawa	I
Address	
City, State, Zip	
To Whom It May Concern:	
You are currently withdrawing \$ (ar	mount) for my (what payment is for),
(account or other identifying numb	er) on (date) from the following account.
Former Bank or Credit Union:	
Routing Number:	
Account Number:	
Please stop making withdrawals from that account a	nd instead make them from :
Credit Union Name: Gulf Coast Educators F	ederal Credit Union
Credit Union Routing Number: 313087286	
Account Number:	
If you have any questions about this request, please of	contact me during the DAY / EVENING (circle one) at
()(ph	none number).
Thank you.	
Sincerely,	
Signature	
Name (please print)	
Address	
City, State, Zip	

NCUA