

Automatic Account Payment/Withdrawal Change of Instructions Request

Date:

Company:

Address:

City, State, Zip:

To whom it may concern:

This letter serves as a request to have my Automatic Account Payment/Withdrawal transferred to my account with PCU.

My information is as follows:

Account Number:

The Automatic Account Payment/Withdrawal is currently withdrawn to my account with:

Financial Institution:

Account Number:

ABA Routing Number:

Please redirect the Automatic Account Payment/Withdrawal to my account with PCU:

Account Number:

ABA Routing/Transit Number: 296076262

Please note the following special instructions:

Sincerely,

Signature of Account Holder 1

Signature of Account Holder 2

Signature of Account Holder 3



Insured by NCUA