

Payment Transfer Request

(Date)

Dear _____,
(Company name or payee to receive payment)

I am writing to inform you of a change in my banking relationship concerning my account number _____.

You are currently withdrawing my _____ payment automatically from my checking/savings account # _____ at _____ on _____ of the month. I would like to transfer these monthly transactions to my new financial institution, Habersham Federal Credit Union, and submit this letter as written notification of that intention.

I authorize my automatic payment to be debited: _____ Monthly _____ Weekly
Effective: _____ Immediately Beginning: _____
(Date)

From my _____ Checking _____ Savings account at: Habersham Federal Credit Union
P O Box 2645
Clarkesville GA 30523

HFCU Account #

HFCU Routing # 061191437

If you are unable to accept this form, please send your authorized form to me at the address listed below.

Sincerely,

(Signature)

(Print Name)

(Street or Mailing Address)

(City, State, Zip Code)