

# Automatic Payment Change Form

To Whom It May Concern,

I would like to **change accounts for automatic withdrawals**. Below is the date I would like to end payments from my former account and the information you will need to begin drawing money from my new Partners account.

Date to Discontinue Withdrawal

Company Making Withdrawal

Company Address

City, State, Zip Code

## My Former Bank Account

Bank Name

Bank Routing Number

Account Number  Checking or  Savings

For (reason for payment)

On (date of month)

## My New Partners Account

Partners Routing Number

Partners Account Number  Checking  Savings

Locating your routing and checking account number with a check:

_____	□
_____	□
⑆ 3 2 2 2 7 4 2 4 2 ⑆ 1 0 1 0 0 0 1 2 3 4 5 6 7 ⑆ 0 2 5 1	

Routing Number

Account Number

**Sincerely:**

Member Signature

Date

Member Name (printed)

Member Phone Number

Member Address

Member Email Address

City, State, Zip Code

