

Automatic Payment Change Form

To Whom It May Concern:

Please stop making withdrawals from this account and begin making withdrawals into my new Sharonview Federal Credit Union account on the effective date referenced below.

Name _____ SSN _____

Address _____

Payee/Company/Biller Name _____

Your acct. # at company _____

Previous Financial Institution Name: _____

Address _____

Acct. # _____

Payment: \$ _____ Fixed Amount Variable Amount

Payment Change Effective ____ / ____ / ____

New financial institution:

Sharonview Federal Credit Union

P.O. Box 2070

Fort Mill, SC 29716

Via ACH – Sharonview Routing #: 253075303. Sharonview account # _____

OR

Via Debit Card - My Sharonview Debit Card # _____ Exp. date _____

I authorize this change in automatic payment. This authorization will remain effective until I provide written notice of change or cancellation.

Signature _____ Date _____

Phone () _____