

Please Change My Pre-Authorized Payment

TO Whom It May Concern _____ Date: _____

Company Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

You are currently withdrawing funds for my (type of payment): _____
_____ for account number: _____, (when or
how frequently) _____

from the following bank account:

Former Bank Name: _____

Routing Number: _____

Account Number: _____

Please discontinue withdrawing from the above account and begin withdrawing
from the account I have with the financial institution below:

Bourns Employees Federal Credit Union

Routing Number: 322281109

Savings/Checking (circle one) Account Number: _____

If you have any questions about this request, please contact me at (_____) _____
_____.

Your prompt attention to this request is appreciated. Thank you!

Sincerely,

Signature: _____ Date: _____

Your name (please print): _____

Address: _____

City: _____ ST: _____ Zip: _____