

Authorization to Change Automatic Withdrawal

Instructions: Print and complete this authorization to have automatic withdrawals made from your AAEC account. Remember to change any automatic payments made by your debit card, also. Once completed, send authorization to the company.

Date: _____

Name of Company: _____

Address: _____

City: _____ State/Zip: _____

To Whom It May Concern:

You are currently withdrawing \$ _____ each _____ (frequency)

for my _____ (what the payment represents) from the following financial institution:

Former Financial Institution: _____

Account #: _____

Effective immediately, please discontinue withdrawals from the above referenced account and begin withdrawals from my account at:

AAEC Credit Union

115 S Wilke Road #106

Arlington Heights, IL 60005

Routing #: 271975391 Checking Account Number: _____

If you have any questions pertaining to this request, please contact me at: _____

Thank you for your assistance.

Sincerely,

Signature

Name: _____

Address: _____

City: _____ State/Zip: _____