



Automatic Payment Request Form

Fill out and send the Automatic Payment Transfer Form to each merchant/payee you currently have withdrawals or payments that are automatically made from your old account. Don't forget to change payments that use your debit card number, such as an automatic payments made online.

Merchant/Payee Name: _____

Address: _____

City, State, Zip: _____

To Whom It May Concern:

You are currently withdrawing \$ _____ for the payment of my _____
(payment amount) (type of payment)

on the _____ of each month from the account listed below:
(day)

Financial Institution: _____

Routing Transit Number: _____ Account Number: _____

Please stop withdrawing from the above account upon receiving this letter and begin to withdraw from the account listed below.

Financial Institution: **Altra Federal Credit Union** Account Type: Checking Savings

Routing Transit Number: **291881216** 10-Digit Altra Account Number: _____

If you have any questions concerning this request, please contact me.

Sincerely,

Name (Please Print): _____

Signature: _____

Address: _____

City, St, Zip: _____

Phone: _____