

Authorization for Automatic Payment Change



Date _____

Dear: _____

I am writing to inform you of a change in my banking relationship concerning my Account Number : _____

I currently have my _____ payment automatically withdrawn from my bank or credit union name on the _____ of each month.

I would like to change these monthly transactions to my new financial institution and submit this letter as written notification.

I understand I need to give you at least two weeks notice prior to the next scheduled transaction.

Therefore, I expect the last transaction from my former account to be the one dated _____ and the first one from BrightStar Credit Union to be dated _____.

Thank you for your prompt attention to this request. I have enclosed an **Authorization for Automatic Payment** form that includes the information necessary for you to begin withdrawals from my BrightStar Credit Union account.

Sincerely,

Signature: _____ Date _____

Second Signature (if joint account) _____

Name

Street Address

City, State, Zip

Daytime
Phone Number

For additional information or help, contact us at:
954-486-2728 800-637-BSCU (outside Broward County)
www.bscu.org/contact