



Request to Change Automatic Payments

Date:

Dear: (Vendor Name) _____,

I am writing to inform you of a change concerning my account number:

I currently have my payment automatically withdrawn from my Checking/Savings with
(name of financial institution) _____
account number: _____ on the _____ day of the month.

Effective (date) _____, please begin withdrawing this payment, according to
the same terms as agreed upon, from:

SoundView Financial Credit Union
14 Research Dr • Bethel, CT 06801
Routing Number: 221183159
Account Number: _____

Thank you for your prompt attention to this request.

Sincerely,

Signature: _____ Date: _____

Second Signature (if joint account): _____ Date: _____

Printed Name(s): _____

Address: _____

Phone Number: _____