

## **Automatic Withdrawal Payments Change Form**

Please submit this form to any company or organization that is automatically withdrawing payments from your existing account (i.e. utility, insurance, internet, or cable providers).

| Company Name         |  |  |
|----------------------|--|--|
| Payee Account Number |  |  |
| Payment Amount       |  |  |
|                      |  |  |
| Member Information:  |  |  |
| Name                 |  |  |
| Address              |  |  |
| Phone Number         |  |  |
|                      |  |  |

Please redirect my automatic payments to come from the financial institution listed below:

New Financial Institution: UnitedOne Credit Union

1117 S 10th St

Manitowoc, WI 54220

**Phone:** 920-684-0361

**New Routing Number:** 275979173

**New Account Number** 

I hereby authorize the above listed company to change my automatic withdrawal effective.

This authorization will remain into effect until I provide written notice of change or cancellation.