



**Main Branch**  
 1117 28th St. P.O. Box 375  
 Manistee MI 49660  
 231-723-3400

**Parkdale Branch**  
 11778 Kemmer Rd. P.O. Box 375  
 Manistee MI 49660  
 231-398-0431

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Filercu.com



**AUTHORIZATION FOR TRANSFERRING PAYMENTS**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

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I currently have my \_\_\_\_\_ payment automatically withdrawn  
 (name of vendor)  
 from my Checking/Savings Account Number: \_\_\_\_\_ at  
 \_\_\_\_\_ on the \_\_\_\_\_ of the month.  
 (bank or credit union)

I would like to transfer these monthly transactions to my new financial institution, **Filer Credit Union**, and submit this letter as written notification of that intention.

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

Therefore, I expect the last transaction to be the one dated \_\_\_\_\_

and the first one from **Filer 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 **Filer Credit Union** account.

Sincerely,

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Signature (if joint account): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_