



STEP 3 Authorization to Change Automatic Withdrawal

Instructions: Complete this authorization to have automatic withdrawals made from your Scenic Community Credit Union account. Print one authorization for each company that makes automatic withdrawals from your account. Remember to change any automatic payments made by debit card, too.

(Date)

(Name of Company That Makes Automatic Withdrawal)

To Whom It May Concern:

You are currently withdrawing \$ _____ on the _____ day of the month for my automatic payment

Account # _____ from the following institution or credit card:

Old Financial Institution

OR

Routing Number

Card/Debit Card Number

Account Number

Please discontinue withdrawals from this account and (check one):

Begin withdrawals from my account at:
Scenic Community Credit Union
P.O. Box 1058
Hixson, TN 37343

Routing Number: 261388325 Account Number: _____

(Check one) Checking Savings

Begin withdrawals from my Scenic Community Credit Union:
Card Number: _____ Expiration: _____ CVV: _____

I will use Scenic Community Credit Union's Bill Pay service to make future payments.

If you have any questions about this request, please contact me at _____ (phone number). (Check one) Day Evening

Thank you.

Sincerely,

Name _____

Address _____ City _____ State _____ Zip _____

Signature _____