



1151 Southview Blvd.
South St. Paul, MN 55075

651-451-3330
www.wakotafcu.org

Change Automatic/Payment Withdrawals

(Make copies of this form as needed.)

Date: _____

Name of company that makes automatic withdrawal: _____

Address: _____

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) for my _____ (what payment is for), _____ (account # receiving payment), _____

(when) from the following account:

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Account Type: _____

Effective _____ (date), please stop making withdrawals from that account and instead debit from:

Financial Institution Name: Wakota Federal Credit Union

Routing Number: 296075522

Account Number: _____ Savings Checking (Check One)

If you have any questions about this request, please contact me during the day evening (check one) at

(_____) _____ (phone number)

Thank You.
Sincerely,

Signature _____

Name (please print) _____

Address _____

City, State, Zip _____