



Authorization for Automatic Deposit/Payment Transfer

Please note: Some companies may require that you complete their own document.

Date: _____

To: _____
(Company Name)

(Address)

(City, State and Zip)

From: _____
(Member's Name)

Account Number: _____
(Company Account #)

This letter serves as notification that I have established a new account with MIDFLORIDA Credit Union.

Please stop making deposits to/withdrawals from the account at:

(Former Financial Institution Name)

Listed below is the relevant account and routing information needed for you to change my automatic deposit / payment to my new MIDFLORIDA account.

MIDFLORIDA Account Information:

Check one:

Automatic Deposit

Automatic Payment

Check one:

Checking

Savings

Account Number/MICR: _____

Routing Number (ABA): 263179804

Address: PO Box 8008, Lakeland, FL 33802

Phone: (866) 913-3733

Frequency:

Weekly

Due Date

Monthly

Other (please specify) _____

Effective: ____ / ____ / ____

Member Signature and Address:

(Authorized Member Signature)

(Phone Number)

(Street Address)

(City, State and Zip)