Automatic Payment/Withdrawal Authorization Form

Complete and send this form to each company that makes automatic payments from your current account that you would like to change to the NIH Federal Credit Union.

To Whom It May Concern: Date: _____

I have recently opened a new checking account with the NIH Federal Credit Union (NIHFCU). This letter is authorization for_____(company) to change my automatic payment/withdrawal to my new NIHFCU account.

Your company is currently making the following withdrawals:

Amount: _____

Deducted (circle one): Daily Weekly Bi-Weekly Monthly Semi-Monthly Annually Other
Please specify if "Other" is selected: _____

For what: (reason for withdrawal/payment) _____

From: (Current financial institution name) _____

Account #: (at current financial institution) _____

Routing #: (at current financial institution) _____

As of_____(date: mm/dd/yyyy), please **stop** making withdrawals **from the above account** and instead, **start** making all future withdrawals **from my NIHFCU account below**.

Financial Institution Name: NIH Federal Credit Union

Account Number: (8 digits) _____

Routing Number: 255076944

If this letter is not sufficient to change my direct deposit or if you have other questions, please contact me during the Day Evening (circle one) at the following phone number: _____.

Thank you for your attention to this important request.

Sincerely:

Authorized Signature: X_____

Printed Name: _____

Street Address: _____

City:_____State:_____Zip Code: _____