



AUTOMATIC PAYMENT CANCELLATION/CHANGE AUTHORIZATION

Member Services: 800.222.1391 • www.thepolicecu.org

Complete this form and provide it to each company that deducts automatic payments from your account(s). You are responsible for confirming the cancellation of your automatic payments with your existing financial institution. Please keep a copy of your completed form for your records.

Name _____ Date _____

Address _____

Daytime Contact Phone Number _____

Name of Company Making Automatic Withdrawal _____

Company Address _____

Company Account Number _____

I have recently changed financial institutions and would like to have my automatic payment(s) with your company changed to my new account.

Existing Financial Institution _____

Existing Financial Institution Routing Number _____

Existing Financial Institution Account Number / Type _____

Please stop making withdrawals from the above account

Please start making the withdrawals from: The Police Credit Union
P.O. Box 1087
San Bruno, CA 94066

Financial Institution Routing Number **321076496** _____

Effective Date(s) or Frequency of Payment _____

Amount Due Acct. # _____

OR

Checking Acct. # _____ Amount \$ _____

Savings Acct. # _____ Amount \$ _____

Other Acct. # _____ Amount \$ _____

If you have any questions regarding this request, please contact me at the phone number listed above. If this form is not sufficient for automatic payments, please send me your authorized company form for my signature.

Signature

Date