



Oklahoma
Educators
Credit Union

Automatic Withdrawal Change Request

Date

Debiting Company's Name

Street Address

City, State, Zip

Instructions:

Print a form for each company that withdraws automatically from your account and mail the completed form to them. Keep in mind many companies require sufficient lead time to change an automatic debit.

To whom it may concern:

Your company currently withdraws \$ _____ per _____ from my account at:

Name of Institution

Routing (ABA) Number (9 digits on check bottom)

Account Number

Please discontinue debiting from this account and:

Begin withdrawing those same funds from:

Oklahoma Educators Credit Union

6001 NW Expressway

Oklahoma City, OK 73132

(405) 722-2234

Routing # 303085353

Account # _____

Checking Savings

I will manually make my future payments.

If this request requires any additional information from me please contact me at the number listed below.

Sincerely,

Signature

Printed Name

Street Address

City, State, Zip

() - _____

Daytime Phone