

Change Notice: Automatic Withdrawal

Print as many copies of this form as needed.

To: _____
Name of business that makes automatic withdrawal (i.e. car payment, utility bill, etc.)

Attention: _____
(If you have a contact name, include here.)

Street Address: _____

City: _____ State: _____ Zip: _____

You currently automatically withdraw \$ _____ weekly, bi-weekly or
 monthly from the financial institution listed below for my _____
Enter reason here for withdrawal: Auto Loan, Electric, Etc.

My account number with you is: _____

Financial Institution Name: _____

Financial Institution Routing Number: _____

My Financial Institution Account Number: _____

Effective immediately discontinue making the withdrawal from the above referenced financial institution and begin making the withdrawal from:



EIFCU
Entertainment Industries
Federal Credit Union

A Member-Owned Financial Cooperative

16 West Grand Street
Elizabeth, NJ 07201-2312
Phone: 908.282.9881
Fax: 908.282.9885
www.eicu.org

Routing Number: 2260-82116

Account Number: _____
(Enter your Credit Union checking account number.)

If you have any questions, please call me at _____ (daytime) or _____ (evening).

This change is authorized by:

Signature: _____ Date: _____

Name (Print): _____

Street Address: _____

City: _____ State: _____ Zip: _____