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)