



Change in Automatic Payments

Use this form, making as many copies as you need, to give to each organization that is automatically withdrawing payments from your account.

To: _____
Payee

Payee Account Number: _____

My Information

Name

Address

City, State, Zip

Phone

Please **stop** withdrawing automatic payments from: _____
Name of previous financial institution

Please **begin** withdrawing automatic payments from:

Freedom Credit Union
1976 Main Street
Springfield, MA 01103
(413) 739-6961 or (800) 821-0160

ROUTING NUMBER: 211 885 988

Account # _____

Checking

Savings

Other

Signature _____

Date ____ / ____ / ____

