

# Automatic Withdrawal Authorization

Kauai Federal Credit Union  
Routing Number

Fill out this form to authorize a change to any automatic withdrawals or deductions such as your mortgage company, auto insurance, and health club membership fees. Use one form for each automatic withdrawal, make copies as needed.

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## Notification of Automatic Withdrawal Authorization Change

To Whom it May Concern,

**Name of Company**

**Account Number**

**Payment Amount**

Please discontinue my automatic withdrawal from the following account:

**Old Financial Institution**

**ABA / Routing #**

**Account #**

Please make all future automatic withdrawals from the following account:

**New Financial Institution**

**Kauai Federal Credit Union**

**ABA / Routing #**

**Account #**

This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.

**Signature**

**Date**

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**Name**

**Address**

**City, State, Zip**

**Phone Number**

