

Switch Kit

AUTHORIZATION FOR AUTOMATIC PAYMENT TRANSFER

To: _____

From: _____

Merchant Account Number: _____

Address: _____

Phone: _____

Date: _____

To Whom it May Concern,

I am writing to inform you of a change in my banking relationship for my account listed above. I currently have my payment automatically withdrawn from my Checking/Savings account at

_____ on the _____ of the month.
(Old Financial Institution) (Day)

I am submitting this letter as written notification of my intention to transfer these monthly transactions to my new financial institution, Magnifi Financial Credit Union. I understand that I need to give you at least two weeks notice prior to the next scheduled transaction. Therefore, I expect the last transaction posted to my old bank account to be the one dated _____
(Date)

Thank you for your prompt attention to this request. **I have enclosed an Authorization for Automatic Payment form** that includes the information necessary for you to begin withdrawals from my Magnifi Financial account.

Sincerely,

Signature: _____

Date: _____

Joint Signature: _____

Date: _____

