



REQUEST TO TRANSFER AUTOMATIC PAYMENTS

Complete, sign and send a copy of this letter to each company that you currently pay using an automatic withdrawal from your account. Attach a voided check or check substitute from your new account to each request.

Date: _____

Company Name: _____

Address: _____

City: State: Zip: _____

ATTENTION: Accounts Receivable/Accounting

PLEASE SWITCH AUTOMATIC PAYMENTS FOR ACCOUNT #

The bank account currently used for my automatic payments has been closed. Please update your records and change my automatic payments to the account listed below. This change is effective immediately.

POWER CO-OP EMPLOYEES CREDIT UNION
1208 n 13TH ST
HUMBOLDT, IA 50548
515-332-4096

ABA/Routing #

273975069

Credit Union Account #

If you have any questions regarding this request, please call me immediately at the number listed below. Thank you for your assistance.

Sincerely,

Signature

Phone Number