



1221 E Grand St, Springfield, MO 65804

To: _____
(Company Name)

(Address)

(City, State and Zip)

From: _____
(Customer's Name)

Re: Account Number _____
(If applicable)

Automatic Payment Transfer Request

This memo serves as notification that I have established a new account with Educational Community Credit Union. **Please stop making deposits to/withdrawals from the account at:** _____.
(Name of Financial Institution)

Listed below is the relevant account and routing information needed for you to change my automatic deposit/payment to my new Educational Community Credit Union account.

If this form is not sufficient to change my automatic deposit/payment, please forward your authorized company form for my signature.

Educational Community CU Account Information: Deposit Payment

Account Number: _____
Routing & Transit Number (ABA): 286582834
Address: 1221 E Grand St, Springfield MO 65804
Phone Number: 866-439-3228

Member Signature and Address:

Authorized Member Signature

Phone Number

Street Address

City, State and Zip

Print as many forms as needed for each direct deposit that you have.
Please attach a deposit ticket or voided check from your **new** Educational Community Credit Union account.