(Date)			
(Date)			
To:		_	
(Payee's Name & Mailing Addre	ess)		
Subject: AUTOMATIC PAYM	ENT CHANG	GE NOTIFICATIO	N
RE:			
(Account Number with Payee)		(Name on Accoun	at with Payee)
To Whom It May Concern:			
Please change the financial instit my account (listed above) from t		nich automatic withd	rawals are being made to pay on
(Current Financial Institution)	(Routing &	& Transit Number)	(Account Number)
to:			
EXCEL Federal Credit Union 5070 Peachtree Industrial Blvd	L.		
NORCROSS, GA 30071			
(770) 441-9235 (New Financial Institution)	(Routing &	71548 Transit Number)	(Account Number)
(New 1 maneral mistitution)	(Routing &	Transit (vamoer)	(Mecount Indinoci)
I understand I must provide at lea		-	•
weeks of the date of this notice.			at is scheduled to occur within two
account noted above at EXCEL l			to be withdrawn from my new
Please contact me if further infor	rmation is requ	uired to complete this	s change.
(Account Holder Name, Address	& Telephone	Number)	
Sincerely,			
(Signature of the Person on Acco	ount with Paye	 ee)	