



Authorization for Automatic Payment Transfer

(Send this form to your company)

Member Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Name: _____

Company Account Number: _____ Payment Amount: _____

This letter is to inform you of a change in my banking relationship concerning my account.

I currently have my _____ payment automatically withdrawn from my

Checking/Savings Account Number: _____ at _____

on the _____ of the month.

I would like to transfer these monthly transactions to my new financial institution listed below and submit this letter as written notification of that intention.

BayPort Credit Union
3711 Huntington Ave
Newport News, VA 23607

Routing Number: 251481368
CU Checking Account Number: _____

I (we) authorize _____ to initiate variable entries to my checking/savings.
(company name)

This authorization will remain in effect until I notify you in writing to cancel it in such time as to afford your company a reasonable opportunity to act.

I also agree that I remain obligated to pay these services in the event that a charge to my account is dishonored, for whatever reason, and that _____ retains its normal collection rights.
(company name)

I understand I need to give you at least two week's notice prior to the next scheduled transaction.

Therefore, I expect the first payment from BayPort Credit Union to be dated _____ .

Thank you for your prompt attention to this request.

Signature: _____ Date: _____

Second Signature (if joint account): _____

NOTE: FOR VERIFICATION PURPOSES ATTACH A VOIDED BAYPORT CREDIT UNION CHECK TO THIS FORM.