



# 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I currently have my \_\_\_\_\_ payment automatically withdrawn from my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  
One BayPort Way, Suite 350  
Newport News, VA 23606

**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.