



Date: _____

Vendor/Merchant: _____

Account #: _____

Last Payment Date: _____

Dear Account Representative,

Please note that all future automatic payments made on above noted account should be taken from my Scott Credit Union account.

I understand that I need to give a notice of at least two weeks prior to the next scheduled transaction. So, I will expect the last transaction from my current financial institution, _____ to be on the date listed above and the first transaction from Scott Credit Union to be on _____ .

Please consider this request, indicated by my original signature, as a formal order to forward any pending future payments/drafts to my new account as indicated below.

My Scott Credit Union account information is as follows:

SCU routing number: 281077522

Address: Scott Credit Union, 101 Credit Union Way, Edwardsville, IL 62025

My SCU account number: _____

Sincerely,

(member signature required)