



White River Credit Union Automatic Withdrawal Authorization
To be delivered to any entity making an automatic withdrawal from your account.

Date []

Company Making Withdrawal []

Address []

City,State,Zip []

To whom it may concern:

I have switched financial institutions and wish to have my automatic withdrawal taken from my White River Credit Union account effective [] (date)

Discontinue Automatic Withdrawal at:

Financial Institution []

Routing Number [] Account Number []

Reason for Payment []

Frequency [] Amount []

Begin Automatic Withdrawal at:

White River Credit Union
PO Box 419
Rochester VT 05767
Routing # 211691279

WRCU Account # []
(Your WRCU account # will end in -02 for checking, as in xxxxxx-02)

If you have any questions, please contact me :

[]

Name []

Address []

City,State,Zip []

Phone []