

Request to Change Automatic Payments

Date:		
Dear: (Vendor Name)		
I am writing to inform you of a change	concerning my account numb	per:
I currently have my payment automatic	ally withdrawn from my Chec	cking/Savings with
(name of financial institution)		
account number:	on the	day of the month
Effective (date) the same terms as agreed upon, from:	_, please begin withdrawing	this payment, according to
First Lockhart National Bank		
111 South Main Street, Lockhar	t, TX 78644	
Routing Number: 114903213		
Account Number:		
Thank you for your prompt attention to	this request.	
Sincerely,		
Signature:		Date:
Second Signature (if joint account):		Date:
Printed Name(s):		
Address:		
Phone Number:		