



# Request to Change Automatic Payments

Date:

Dear: (Vendor Name) \_\_\_\_\_,

I am writing to inform you of a change concerning my account number:

\_\_\_\_\_

I currently have my payment automatically withdrawn from my Checking/Savings with  
(name of financial institution) \_\_\_\_\_

account number: \_\_\_\_\_ on the \_\_\_\_\_ day of the month.

Effective (date) \_\_\_\_\_, please begin withdrawing this payment, according to  
the same terms as agreed upon, from:

Quad Cities Postal Credit Union  
4502 27th Street, Moline, IL 61265-6311  
Routing Number: 271188311  
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: \_\_\_\_\_