

Bill Pay Transfer Letter



Date: _____

Company Name: _____

Address: _____

To Whom It May Concern:

I currently have my _____ payment automatically withdrawn from my _____ account number _____
(Company Name) (Checking or Savings) (Account Number)
at _____ on the _____ of the month.
(Current Financial Institution) (Day)

I would like to transfer my monthly drafted automatic payments to True North Federal Credit Union.

The name on the account is: _____

The True North Federal Credit Union ABA Routing Number (First 9 numbers on bottom left corner of check): _____

True North Federal Credit Union account Number: _____

I understand I need to give you at least two weeks notice prior to the next scheduled drafted payment. Therefore, I expect the last drafted payment from _____ to be dated _____ and the first draft from True North Federal Credit Union to be dated _____.
(Current Financial Institution) (Date of First Draft) (Date of Last Draft)

This letter is authorization for you to begin drafting from my True North FCU account.

Signature _____ Date _____

Printed Name: _____

Address: _____

Telephone Number: _____

E-mail: _____



TRUE NORTH
FEDERAL CREDIT UNION

www.TrueNorthFCU.org
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Federally Insured by NCUA

