

# 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I currently have my \_\_\_\_\_ payment automatically withdrawn from my \_\_\_\_\_ account number \_\_\_\_\_  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

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Federally  
Insured by  
NCUA

