



STEP 4 Automatic Payment Cancel | Transfer

Instructions: Complete this authorization to have automatic withdrawals made from your DoverPhila Federal Credit Union account. Print one authorization for each company that makes automatic withdrawals from your old account.

Personal Information	
Member Name	SSN
Vendor Name	Account Number with Vendor
Address	City State Zip
Home Phone #	Work Phone #

I currently have my automatic payment taken from my Savings/Checking on a _____ basis on the _____ of the month for my _____ from my previous financial institution:

Old Bank:
Routing Number:
Account Number:

Please discontinue all automatic withdrawals from my previous account and (check one)

Discontinue all automatic payments here and **immediately** start payments from my new account at:

DoverPhila Federal Credit Union
119 Fillmore Ave | Dover, OH 44622
Routing Number: 241280650
Account Number:

Discontinue all automatic payments and I will use Dover-Phila Federal Credit Union's Bill Pay service to make future payments.

Discontinue all automatic payments and I will continue payments with another payment method.

I hereby authorize you to change the source of the withdrawal from my previous account. I authorize DoverPhila Federal Credit Union to initiate debit entries from my DoverPhila Federal Credit Union account to be applied to my account with whom this authorization is addressed. I understand that an NSF Fee may be assessed each time an ACH debit entry is rejected due to insufficient funds. This authorization shall remain in effect until I send written notice of change or cancellation.

Signature _____ Date _____