

# Authorization for Transferring Automatic Payment

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Please tab through fields to enter information.

Fill out this form, print, and send it to each of your vendors to transfer any automatic payments from your old account to your new **ConocoPhillips Credit Union** account.

Dear  :

I am writing to inform you of a change in my banking relationship concerning my account number

#  .

I currently have my  payment automatically withdrawn from my

Checking/Savings account #  from

on the  day of the month.

I would like to transfer these monthly transactions to my new financial institution,

**ConocoPhillips Credit Union**, and submit this letter as written notification of that intention.

I understand I need to give you at least two weeks notice prior to the next scheduled transaction.

Therefore, I expect the last transaction to be the one dated

and the first one from **ConocoPhillips Credit Union** to be dated  .

Thank you for your prompt attention to this request. I have enclosed an Authorization for

Automatic Payment form that includes the information necessary for you to begin withdrawals from

my **ConocoPhillips Credit Union** account.

Sincerely,

(Your Signature)

Enc:



600 N. Dairy Ashford, PE2066, Houston, TX 77079-1100 • Fax: 800-213-5224 • Call Toll-Free: 800-897-6991

**CREDIT UNION**  
A DIVISION OF 66 FEDERAL CREDIT UNION



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Fill out this form, print, and send it to each of your vendors to transfer any automatic payments from your old account to your new **ConocoPhillips Credit Union** account.

Name:

Phone Number:

Address:

City:  State:  Zip:

Bank Address:

**ConocoPhillips Credit Union**  
P.O. Box 1358  
Bartlesville, OK 74005  
Transit/ABA# 303184652

**NOTE: FOR VERIFICATION PURPOSES ATTACH A VOIDED  
ConocoPhillips Credit Union CHECK TO THIS FORM.**

Financial Institution Account #:       Checking Account      Savings Account

Vendor Name:       Day of Month to Withdraw:

Vendor Account #:       Payment Amount:

I (we) authorize  to initiate variable entries to my checking/savings.

This authorization will remain in effect until I notify

in writing to cancel it in such time as to afford a reasonable opportunity to act.

I also agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that  retains its normal collection rights.

\_\_\_\_\_  
(Primary Account Holder Signature)

\_\_\_\_\_  
(Joint Account Holder Signature)

\_\_\_\_\_  
(Date)



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