



Automatic Payment Change Notification

Date: _____

To: _____
Lender or Creditor Company Name

Street Address _____ City _____ State _____ Zip _____

From: _____
Account Holder Name _____ Phone Number _____

Additional Account Holder Name(s) _____

Street Address _____ City _____ State _____ Zip _____

RE: Notification to Change Automatic Payment

Please note the change in my automatic payment for:

Account #: _____

I hereby authorize you to debit my account at Lincoln County Credit Union effective _____. This authorization will remain in effect until I provide written notice of change or cancellation.

LCCU Routing Number: 292177725 Account #: _____

Signature

Date

www.lincolncountycu.com

Main Office, Libby 406-293-7771

Branch Offices

Rosauers Supermarket, Libby 406-293-4275

Steins Market, Troy 406-295-5569

Steins Market, Eureka 406-297-7940