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CHANGE AUTOMATIC WITHDRAWAL FORM

Directions: Fill out this form electronically, print it and mail it to the merchant/vendor debiting your account.

Date

Name of Company Making Automatic Withdrawal

Address

City, State, Zip

To Whom It May Concern:

You are currently debiting my _____ payment from my old bank account:
(Bill Type)

Old Financial Institution's Name: _____
Routing Number: _____
Account Number: _____

My account information has changed. Please stop making withdrawals from that account, effective _____ and debit the payments from this account: (Date)

New Financial Institution's Name: **APL FEDERAL CREDIT UNION**
Routing Number: **255077998**
Member Number: _____
Savings Checking

Signature

Address

Print Name

City State Zip

Account Number with Payee

Phone