



PO Box 15950, Lenexa, KS 66285-5950

Date: _____

To: _____
(Company Name)

(Address)

(City, State and Zip)

From: _____
(Customer's Name)

Re: Account Number _____
(if applicable)

AUTOMATIC DEPOSIT / PAYMENT TRANSFER ACCOUNT CHANGE

This memo serves as notification that I have established a new account with CommunityAmerica Credit Union. **Please stop making deposits to / withdrawals from the account at:** _____
(Name of financial institution)

Listed below is the relevant account and routing information needed for you to change my automatic deposit / payment to my new CommunityAmerica account.

If this form is not sufficient to change my automatic deposit / payment, please forward your authorized company form for my signature.

CommunityAmerica Account Information:

Deposit Payment

Account Number: _____

Routing & Transit Number (ABA): 301081508

Address: PO Box 15950, Lenexa, KS 66285-5950

Phone Number: 800-892-7957

Member Signature and Address:

Authorized Member Signature

Phone Number

Street Address

City, State and Zip

CommunityAmerica Contact Information:

CommunityAmerica Financial Representative

Title

Phone Number ext.