REDIRECT AUTOMATIC PAYMENT FORM

DATE	
NAME OF COMPANY THAT MAKES AUTOMATIC WITHDRA	AWAL
ADDRESS OF COMPANY THAT MAKES AUTOMATIC WITHI	DRAWAL
CITY, STATE, ZIP	
ТО:	
You are currently withdrawing \$ (am	ount) for my payment,
account number on	the following date
Current Financial Institution:	
Routing Number:	
Account Number:	
Stop making payments from that account effective immediately ar	nd switch them to:
New Financial Institution: LEGACY	
Routing Number: 262086561	
Account Number:	
If you have any questions about this request, please contact me do	uring the DAY/ EVENING (circle one)
at () –	(phone number).
Thank you for your assistance. Sincerely,	
SIGNATURE	
NAME (Please print)	
ADDRESS	
CITY, STATE, ZIP	

