

AUTOMATIC PAYMENT TRANSFER LETTER



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Date _____

Name of Institution _____

Address _____

City _____ State _____ Zip _____

To Whom It May Concern:

Currently, you are debiting payment from my old bank account at:

(Former Bank's Name)

(Routing Number)

(Account Number)

As of _____, please stop debiting this account and start debiting this payment from my new account at
(Date)

Beacon Federal. My new information is as follows:

(New Routing Number)

(New Account Number)

Please send me a written confirmation of the date this change will be effective on your systems.

Sincerely, _____

Customer's Signature Print Name _____

Title _____

Account Number with Payee _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

** Please provide sufficient time for the receiving entity to make the above changes.(date)**