ACH/Auto Payment Change Letter

Date:_____

To:_____

_____

_____

_____

From:_____

Address: _____

City, State, Zip: _____

To Whom It May Concern,

I have recently changed financial institutions and I hereby authorize you to change the following regular payment:

Payee:_____

Amount: _____

Date Withdrawn: _____

Frequency: _____

Please change this payment as follows:

☐ **Re-direct to:** Qualstar Credit Union | Routing Number 325081966

Member Name: _____

Qualstar Account Number: _____

Account Type: ☐ Checking ☐ Savings

☐ **Cancel the above ACH payment**

If there are any questions, please contact me at _____ or Qualstar Credit Union at 1-800-848-0018.

Thank you,

Signature:

Name:_____