Debit Card/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 switch the following regular payment over to my new Debit Card at **Qualstar Credit Union**:

Payee:_____

Amount: _____

Date Withdrawn: _____

Frequency: _____

My account information is as follows:

Name: _____

Qualstar Debit Card Number: _____

Expiration Date: _____

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

Thank you,

Signature:

Print Name: _____