



**GEORGIA COASTAL
FEDERAL CREDIT UNION**

Your Community, Your Credit Union.

STEP THREE - Switch Kit - Authorization to Change Automatic Withdrawal

Instructions: Complete this authorization to have automatic withdrawals made from your Georgia Coastal FCU account. Print one authorization for each company that makes automatic withdrawals from your account. Remember to change any automatic payments made by debit card too.

Date

Name of Company that Makes Automatic Withdrawal

Telephone Number / Fax Number

Address

City/State/Zip

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) on a _____ (when) basis for my
_____ (what payment is for) from:

Old Bank: _____
Routing Number: _____
Account Number: _____
or
Card Number: _____

Please discontinue withdrawals from this account and (check one):

Begin withdrawals from my account at:
Georgia Coastal FCU
2524 Stadium Street
Brunswick, GA 31520
Routing Number: 261271403
Account Number: _____ Savings / Checking (circle one)

I will use Georgia Coastal FCU's Internet Bill Pay service to make future payments.

If you have any questions about this request, please contact me during the day / evening (circle one) at
(_____) _____ (telephone number).

Sincerely,

Signature

Name

Address

City/State/Zip

www.gacfcu.org