



Opportunity starts here

Automatic Withdrawal Authorization

To be delivered to any entity making an automatic withdrawal from your account.

| |
|----------------------------|
| Date: |
| Company Withdrawing Funds: |
| City, State Zip |

I have switched financial institutions and wish to have my automatic withdrawal's taken from my Downeast Credit Union account effective _____ (date)

Discontinue Automatic Withdrawal:

| | |
|-----------------------|--|
| Financial Institution | |
| Routing Number | |
| Account Number | |
| Frequency | |
| Amount | |
| Reason for Payment | |

Begin Automatic Withdrawal at:

Downeast Credit Union
PO Box 130
Baileyville, ME 04694

Routing # 211288996 DECU Account # _____

If you have any questions, please contact me:

| | |
|-----------------|--|
| Name | |
| Address | |
| City, State Zip | |
| Phone | |

23 Third Avenue PO Box 130 Baileyville, Maine 04694
Phone 800.427.1223 Fax 207.427.3808

www.downeastcu.com

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