

CHANGE IN AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

Company Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Account #: _____

Effective immediately, there has been a change to my Account Number and Transit/ABA number at South Jersey Federal Credit Union for my automatic withdrawal, which is in the amount of \$ _____ per _____ (weekly, bi-weekly, semi-monthly, monthly)

Financial Institution: South Jersey Federal Credit Union
1615 Hurffville Road
PO Box 5530
Deptford, NJ 08096

New Account #: _____

New Transit/ABA Number: **236077755**

Account Holder Name (Print) _____

Account Holder Signature: _____ Date _____