

# Switch my Payments/Withdrawals

Please send this form to the company that receives your automatic payment. EFCU cannot cancel any automatic debits originating with another company.

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Company to receive payment

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Account number

---

Frequency/Amount of Payment

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My Name

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Social Security #

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Date of Birth

---

Address

---

City, State, Zip

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Home Telephone

Work

**Please switch my automatic payment to:**

**Energy Federal Credit Union  
5 Choke Cherry Road, Suite 110  
Rockville, MD 20850**

Account #                              

Checking

Savings

**EFCU Routing # 254075454**

I authorize the change in my automatic payment, with an intended start date of

\_\_\_\_\_.

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Signature

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Date