



Saint Thomas Credit Union
Big E nough to Serve You ... Small E nough to Know You!

Start Automatic Payments

Date: _____

Vendor/Merchant: _____

Account #: _____

Last Payment Date: _____

To whom this may concern,

Please note that all future automatic payments made on above noted account should be debited from my St Thomas Credit Union account.

I understand that I need to give a notice of at least 30 days prior to the next scheduled transaction. So, I will expect the last transaction from my current financial institution, _____ to be on the date listed above and the first transaction from St Thomas Credit Union to be on _____.

Please consider this request, indicated by my original signature, as a formal order to forward any pending future payments/drafts to my new account as indicated below.

My St Thomas Credit Union account information is as follows:

STCU Routing Number: 264081111

STCU Account Number: _____

Address: 99 White Bridge Road, Suite 201 | Nashville, TN 37205

You may reach me at _____ if there is any additional information you may need from me.

Sincerely,

(Member Signature Required)