

AUTOMATIC WITHDRAWAL SWITCH FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of account: Savings Checking Other: _____

Payee: _____ Account Number(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Amount of payment: _____ Start Date: _____

Weekly Semi-Monthly Monthly Quarterly Annual Total Due

New financial institution from which payments should be directed: **IC Federal Credit Union**

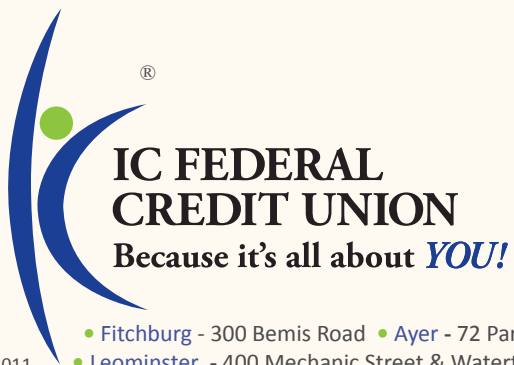
Address: **300 Bemis Road, Fitchburg, MA 01420**

Phone: **800.262.1001** Routing Number: **211382850**

IC Federal Credit Union Account Number: _____

Account holder's Signature: _____ Date: _____

Joint Owner's Signature: _____ Date: _____



**IC FEDERAL
CREDIT UNION**

Because it's all about **YOU!**

- Fitchburg - 300 Bemis Road
- Ayer - 72 Park Street
- Fitchburg - 520 Electric Avenue
- Leominster - 400 Mechanic Street & Watertower Plaza
- Westminster - 71 Main Street

Rev. 6/2011

iccreditunion.org
Connecting All Departments
800.262.1001

