



# Debit Card/Auto Payment Change Letter

Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

To Whom It May Concern,

I have recently changed financial institutions and I hereby authorize you to switch the following regular payment over to my new Debit Card at **Qualstar Credit Union**:

Payee: \_\_\_\_\_

Amount: \_\_\_\_\_

Date Withdrawn: \_\_\_\_\_

Frequency: \_\_\_\_\_

My account information is as follows:

Name: \_\_\_\_\_

Qualstar Debit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

If there are any questions, please contact me at \_\_\_\_\_ or Qualstar Credit Union at 1-800-848-0018.

Thank you,

Signature:

Print Name: \_\_\_\_\_