HOLY ROSARY
CREDIT UNION

Date: _____

To: _____

_____

_____

From: _____

RE: AUTOMATIC DEPOSIT / PAYMENT TRANSFER ACCOUNT

This memo serves as notification that I have established a new account with Holy Rosary Credit Union.

□ **Please stop making deposits to/withdrawals from the account at:** _____.

Listed below is the relevant account and routing information needed for you to add/change my automatic deposit/payment to my Holy Rosary Credit Union account. If this form is not sufficient to add/change my automatic deposit/payment, please forward your authorized company form for my signature.

Holy Rosary Account Information: □ **Automatic Deposit** □ **Automatic Payment**

Routing & Transit Number (ABA): 301080936

Address: 533 Campbell, Kansas City, MO 64016

Account Number: _____

Account Type: □ **Checking** □ **Savings**

Member Signature:

_____ _____
Authorized Member Signature Phone Number

_____ _____
Street Address City, State and Zip

Holy Rosary Contact Information:

_____ _____
Holy Rosary Financial Representative Title

_____
Phone Number