



CHANGE FORM MONTHLY AUTO DEBIT

Your name: _____ Today's date: _____

Address **change**: _____
Street *City* *State/zip*

MEMBERSHIP CHANGE new monthly fee amount: \$ _____

Please remove or add (circle one) the following names to our / my membership:

Name Relationship Birthdate

Name Relationship Birthdate

Name Relationship Birthdate

Name Relationship Birthdate

BANK INFORMATION CHANGE: (complete information below, attach voided check/bank letter)

I (we) are submitting the following change to our monthly auto debit with VRC, City of Vandalia. This change is only for bank or membership information. The original signed authorization form remains in effect including the **original anniversary date (the month you joined)** of membership. Information must be submitted 3 business days prior to the auto withdrawal. Changes (including any new membership rates) will be in effect the next month of the auto withdrawal date.

Bank / Financial Institution: _____ Branch location: _____

Withdrawal to be taken from: Checking _____ Savings _____

Routing Number: _____ Account number: _____

Name(s) on account: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

For Bank information change:

Please attach:
VOIDED CHECK
OR
SAVINGS ACCOUNT INFORMATION

VRC staff initials: