

# AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

Please update my existing authorization for payment. I have opened a new deposit account and would like to establish automatic payments from this account.



## COMPANY/MERCHANT INFORMATION

Company Name

Company Address, City, State, Zip

Account Number on Invoice/Statement



## PREVIOUS ACCOUNT INFORMATION

Checking Account

Savings Account

Previous Financial Institution Name

Routing #

Previous Account #



## NEW ACCOUNT INFORMATION

Checking Account

Savings Account

New Financial Institution Name

Routing #

New Account #

\$

Amount to be Withdrawn

Date of Withdrawal



## MEMBER INFORMATION

Name

Phone Number

Day  
Evening

Address, City, State, Zip



Member Signature

Date

- Routing and Account numbers can be found along the bottom edge of your check.
- Please attach a voided check from your new account to this form.

