



AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

Complete a separate form for each automatic payment.

Name of payee: _____

Payee address: _____

I plan to close my checking account at: _____ Account #: _____
(name of old financial institution)

Effective immediately, I authorize automatic payment from my new checking account at The United Federal Credit Union.

My new checking account # is _____, routing/transit number is **231387576**

Signature: _____  Phone Number: _____

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