

## **Automatic Payment Authorization Form**

Information needed:

Please provide this completed form to the companies who make automatic withdrawals from your account each month (i.e. car payments, utilities, health club, etc.). You may need to contact your outside vendors directly for assistance in switching over payments.

Any automatic payments performed through a bill pay service and/or a debit card will also need to be updated with your new account or card number.

Your name:			
Address:		<u> </u>	C
Social Security Nu	umber:	City	State Zip
To whom it may	concern:		
Company name:			
Address:			
Regarding my acc	count:	City  Account Number	State Zip
You are currently	withdrawing \$Payment A	every	Frequency (weekly, monthly, etc.)
Variable payment	(amount changes each month) paid	toNam	e of Company
From the followin	g account: Prior Financial Ins	titution Prior Routing Nu	umber Account Number
Please stop maki the following acc	ing withdrawals from the abo count:	ove mentioned account a	nd instead make them from
	Technology Credit Union Current Financial Institution	121181976 Current Routing Number	Account Number*
	☐ Savings	every	Frequency (weekly, monthly, etc.)
	Variable payment paid to (amount changes each month)	Name of	Company
	☐ Checking	every	Frequency (weekly, monthly, etc.)
	Variable payment paid to (amount changes each month)	Name of	Company
I hereby authorize _	stions about this request, please co to honor the main in effect until changed by me	e automatic payment authoriza	tion request as indicated above.
Thank you,			
Signature	Print Nam	e	Date

- \*Your account number is a 13-digit number that must be formatted as follows:
- First Digit: Account Code (1 for share i.e. checking/savings accounts, 2 for loans)
- Next 2 digits: Account ID (11 for primary checking)
- Last 10 digits: Membership number preceded by zeros