

# AUTOMATIC PAYMENT CHANGE FORM

This form goes to companies with whom you have automatic withdrawals.

To Whom It May Concern:

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Payment Amount: \$

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Please discontinue my automatic withdrawal from the following account:

Former Financial Institution:

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Effective Date \_\_\_\_\_

Please make all future automatic withdrawals from the following account:

Financial Institution: **ALTURA CREDIT UNION**

Routing #: **322281235**

Account # \_\_\_\_\_ ID \_\_\_\_\_

Effective Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_