

# Automatic Payment Change Form

Give this to Company/Payee



**Please route this automatic payment per my instructions:**

Company to receive payment \_\_\_\_\_ Account Number \_\_\_\_\_

Company Address \_\_\_\_\_

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

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

Monthly

Bi-Weekly

Weekly

**I authorize my automatic payment to be debited from my Community Driven Credit Union account effective \_\_\_\_/\_\_\_\_/\_\_\_\_.**

Community Driven Credit Union Routing Number: 272486258

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

Savings

Checking

Authorized Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature(s) \_\_\_\_\_ Date \_\_\_\_\_



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