



Automatic Payment Authorization Form

Note: Check with the payee/business to make certain no other information or specific form is necessary to complete the change of your automatic payment to your new credit union account number. If this form is acceptable, complete the information below and provide it to your payee.

Business Name

Business Address

City State Zip Code

Business Account Number Payment Type

Please change the account number used for Automatic Payment to my new account:

Last Name First Name Middle

Address

City State Zip Code

Daytime Phone Number Social Security Number (Only If Requested by the Business)

New Account Information

Account Type: Checking Savings

Old Account Number _____

New Account Number _____ Routing Number: 273972949

I hereby authorize _____ (payee/business name) to initiate payments from my Collins Community Credit Union account indicated above and to make any necessary adjustments for any debit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Signature

Date