

AUTOMATIC PAYMENT CHANGE FORM

NOTE: Complete a separate form for each payment. This form can be copied as many times as necessary.

Change New

Customer Information:

Name Date

Address

City, State, Zip Code Telephone Number

Vendor/Payee Information (Complete as much as possible)

Company Name Account Number

Address

City, State, Zip Code Telephone Number

New Bank Information:

Financial Institution: Campus Credit Union

Routing number/ABA#: 301179999

Account Number: _____ Checking Savings

I hereby authorize, _____ (company name) and Campus Credit Union to initiate entries into my Campus Credit Union account. This authorization will remain in effect until I notify the referenced vendor in writing to cancel this request within a reasonable amount of time.

Signature Date

Printed Name