

# Change of Automatic Payment Form



Please accept this letter as authorization to change my automatic payment from my old account to my new account at Catholic Federal Credit Union.

To (company) \_\_\_\_\_

Address \_\_\_\_\_

Fax \_\_\_\_\_

Name \_\_\_\_\_

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

I hereby authorize you to stop my current automatic draft with (bank name) \_\_\_\_\_ and establish a draft on my new checking/savings account at Catholic Federal Credit union. My new account information is as follows:

Name on Account \_\_\_\_\_

Catholic Federal Checking Account Number \_\_\_\_\_

Catholic Federal Savings Account Number \_\_\_\_\_

Catholic Federal Routing ABA #272484441

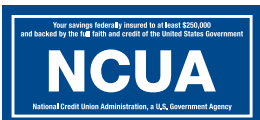
Payment Account Number \_\_\_\_\_

Beginning Date of Draft \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_



Federally insured by NCUA.