

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 account at Mutual 1st Federal Credit Union.

Mutual 1st Federal Routing #: 304083147

Account Number including suffix at end: _____ Savings Checking

Your account number and suffix can be found on your account statement.

Effective Date: _____

Authorized Signature(s) _____ Date _____



Respectfully Yours