

Automatic Payment Request

Please change my Automatic Payment to come from my Extra Credit Union Checking Account.

This change will affect the following Automatic Payment:

Company Receiving Payment

Address

City

_____ Zip

_____ \$
Company Account Number (if applicable) Amount

Extra Credit Union Checking Account #

Routing/ ABA Number # 2724-7743-2

Member Name

Address

City

_____ Zip

Home Phone Number

Daytime Phone Number

_____ Date
Member Signature

Please mail this form to the company that receives your automatic payment.
Make additional copies to notify multiple companies.
Note: Withdrawals will begin subject to the company's effective change date.