

Automatic Payment Change Form

Give this to Company/Payee



Your Natural Resource for
Financial Services

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 Interior FCU _____ account effective _____.

Your Routing Number: 254074442

Account Number: _____

- Savings
- Checking

Authorized Signature(s) _____ Date _____