



STRENGTH. STEWARDSHIP. COMMUNITY.

Automatic Payment Change Form

Email 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 Interior Federal account effective _____.

Our Routing Number: 254074442

Account Number: _____

- Savings
- Checking

Authorized Signature(s) _____ Date _____

If your billing provider does not require you to change your information on their site, then you can complete the Automatic Payment change form below and securely email to their payments department. For any specific payment related questions, please consult your billing provider for further information.