

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 Jolt Credit Union.

TO (COMPANY) _____

ADDRESS _____

FAX _____ **ACCOUNT #** _____

NAME _____

I hereby authorize you to stop my current automatic draft with (bank name) _____ and establish a draft on my new checking/savings account at Jolt Credit Union.

My new account information is as follows:

NAME ON ACCOUNT _____

Jolt Credit Union Checking Account Number _____

Jolt Credit Union Savings Account Number _____

Jolt Credit Union Routing ABA #272484441

PAYMENT ACCOUNT # _____ **BEGINNING DATE OF DRAFT** _____

SIGNATURE _____ **DATE** _____

DAYTIME PHONE # _____



Federally insured by NCUA

