



Step 2: Automatic Payment Change Notice

Complete this form and submit to any company or organization who is automatically withdrawing payments from your existing checking account (insurance, gym membership, mortgage, etc.). Feel free to make copies of this form if needed.

Where is my automatic payment from?

Name _____
Address _____
City _____ ST ____ Zip _____

My Personal Information

Name _____
SS# _____ Phone # _____
Address _____
City _____ ST ____ Zip _____

Transfer Automatic Payment Notice

I currently have my payment automatically withdrawn from (name of financial institution):

Account # _____
In the amount of \$ _____.

Please transfer this periodic transaction to Pinellas Federal Credit Union, P.O. Box 2300, Largo, FL 33779-2300, Transit/ABA # 263177741..

Please check one:

Checking acct. #

or

Savings acct. #

I authorize that you redirect future automatic payment withdrawals to Pinellas Federal Credit Union and that this authorization is to remain in effect until I send written notice of change or cancellation.

Signature

Date