

■ Authorization to Change Automatic Payment

This form will be used for any company or entity that debits (or takes away) funds from your account on a regular basis (for example, your monthly installment loan payment or a monthly insurance premium payment).

One form will be needed for each company. Please note some companies require the use of their own forms, but we'll help you complete those forms if needed. CES Credit Union will also deliver, mail or fax this form for you at no charge.

Company Name: _____
(the name of the company that debits your account)

Address (if not a local company or entity) _____

I have recently changed financial institutions and would like to have my automatic payment (debit) with your company changed to my new account with CES Credit Union.

Please discontinue debiting my old account and begin taking automatic payments from my new CES Credit Union account effective _____.
(specify date, month and year. We suggest keeping the same day of the month for the transaction to occur.)

If you have any questions regarding this request, please contact me by mail or call me at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

(x) _____
Signature Date

Automatic Payment Information:

Name on my account: _____

My account/policy number(s) with your company: _____

My street/PO address: _____

My City, State, Zip: _____

My phone number: _____

Please originate my Automatic Payment using my NEW Account Information:

Financial Intuition: CES Credit Union (P.O. Box 631, Mount Vernon OH 43050)

Routing Number: 244180537

CES Credit Union Account Number: _____

Checking__ Savings__

← The middle set of numbers along the bottom of your check can be inserted here. Please include all the numbers in the middle set, even if there are more numbers and zeros than your account number. Do not include the last set of numbers on your check here...that is your check number.