

# Automatic Payment Authorization Form

This form is provided for companies requiring written authorization to change automatic payments.

Note: Check with your Payee to make certain no other information or specific form is necessary to complete the change of your automatic payment to your new account or debit/credit card account. If this form is acceptable, complete the information and provide to your Payee.

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Company Name

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Company Address

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City

State

Zip

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Account Number

**Please change the account used for Automatic Payment to my new account:**

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Last Name

First Name

Middle

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Address

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City

State

Zip

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Daytime Phone Number

Social Security #

**My New Account Information:**

Account Type

Checking

Savings

Account Number \_\_\_\_\_ Routing Number/ABA# **311989331**

OR

Card Type

Debit Card

Credit Card

Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ (payee/company name) to initiate payments from my Red River Credit Union account indicated above. This authority shall remain in effect until I have given written notice to terminate this service.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For checking accounts, please attach a voided check from your new account to this form and provide to your payee.