

AUTOMATIC PAYMENT CHANGE REQUEST FORM

Complete and submit this form to all companies that are automatically withdrawing funds from your existing BCU credit card accounts. *Please make as many copies of this form as you need to submit to the creditors.*

Automatic Payment Checklist

- | | | | |
|--------------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Insurance | <input type="checkbox"/> Cellular Phone | <input type="checkbox"/> Health Club |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Loans | <input type="checkbox"/> Electric and/or Gas | <input type="checkbox"/> Internet Services |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Cable TV | <input type="checkbox"/> Charities | <input type="checkbox"/> Other |

Company Name (receiving automatic payment) _____

Address _____

City & State _____ Zip: _____

Account # _____

Current Withdrawal Payment Amount \$ _____

Type of Occurrence:

- Weekly Bi-Weekly Monthly Yearly

Please redirect automatic withdrawals

From Current Visa Card Number# _____ Expiration Date ____/____/20____

To New Visa Card Number# _____ Expiration Date ____/____/20____

3 Digit Security Code# _____
(located on the back of the card)

Automatic Payment Authorization

I _____, hereby authorize you to redirect future
(print your name)

automated payment withdrawals from my new BCU account effective as of ____/____/____ (date)

Signature _____ Date ____/____/20____