

Automatic Payment Change Form



Give this to Company/Payee

Please route this automatic payment per my instructions:

Company to receive payment _____ Account Number _____

Company Address _____

City _____ State _____ Zip _____

Payment Amount \$ _____

- Monthly
- Bi-Weekly
- Weekly

I authorize my automatic payment to be debited from my Clarkston Brandon Community Credit Union account effective ____/____/____.

Clarkston Brandon Community Credit Union Routing Number: 272477542

Account Number _____

- Savings
- Checking

Authorized Signature(s) _____ Date _____

Authorized Signature(s) _____ Date _____



www.cbccu.org

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