

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 Clawson Community Credit Union account effective ____/____/____.

Clawson Community Credit Union Routing Number: 272477568

Account Number _____

Savings

Checking

Authorized Signature(s) _____ Date _____

Authorized Signature(s) _____ Date _____



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