

CHIROPRACTIC FEDERAL CREDIT UNION

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 Chiropractic Federal Credit Union account effective ____/____/____.

Please list account number without dashes or other characters.

Chiropractic Federal Credit Union Routing Number: 272078828

Account Number _____

Please check the account box in which you would like the money deposited/withdrawn.

- Savings: For savings please list the account number from your statement
- Checking: For checking please give the 14 digits at the bottom middle of your check. Any questions, please contact the credit union.

Authorized Signature(s) _____ Date _____

Authorized Signature(s) _____ Date _____



23617 Liberty • Farmington, MI 48335
248-478-4020 • 800-422-6424 • Fax: 248-478-7632
www.chirofcu.org