



# Authorization to Change Automatic Payment

Please update my existing authorization for payment. I have opened a new deposit account and would like to establish automatic payments from this account.

## Company/Merchant Information

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Company/Merchant Name

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Address

City, State

Zip

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Account Number on Invoice/Statement

## Previous Account Information

Checking Account

Savings Account

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Previous Financial Institution Name

Routing Number

Previous Account Number

## New Account Information

Checking Account

Savings Account

Circle FCU

272483387

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New Financial Institution Name

Routing Number

New Account Number

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Amount to be Withdrawn

Date of Withdrawal

## Customer Information

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Name

Phone Number

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Address

City, State

Zip

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Customer Signature

Date