



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

Company/Merchant Name

Address

City, State

Zip

Account Number on Invoice/Statement

Previous Account Information

Checking Account

Savings Account

Previous Financial Institution Name

Routing Number

Previous Account Number

New Account Information

Checking Account

Savings Account

Greater Niles Community FCU

272483387

New Financial Institution Name

Routing Number

New Account Number

\$

Amount to be Withdrawn

Date of Withdrawal

Customer Information

Name

Phone Number

Address

City, State

Zip

Customer Signature

Date