

**AUTO PAYMENT CHANGE REQUEST**

**ALL REQUESTS MUST BE SUBMITTED NO LATER THAN 5:00 PM TWO BUSINESS DAYS PRIOR TO THE NEXT DEPOSIT OR TRANSFER DATE**

MEMBER NAME: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ SUFFIX #: \_\_\_\_\_

TRANSFER FROM A SUFFIX: \_\_\_\_\_ **OR** ATTACH TO A DEPOSIT: \_\_\_\_\_ (CHECK ONE)

**TRANSFERS ONLY** ACCT & SUFFIX TO TRANSFER FROM: \_\_\_\_\_

**ATTACHED TO DEPOSITS ONLY**

DATE OF NEXT DEPOSIT: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ADJUSTMENT NEEDED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BORROWER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-BORROWER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
FOR CREDIT UNION USE ONLY

DATE ADJUSTED: \_\_\_\_\_

BY: \_\_\_\_\_