

# AUTOMATIC PAYMENT CHANGE FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

PLEASE ROUTE THIS AUTOMATIC PAYMENT PER MY INSTRUCTIONS

Company to RECEIVE Payment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Monthly

Bi-Weekly

Weekly

I authorize my automatic payment to be DEBITED from my USA Credit Union Account

Effective Date: \_\_\_\_\_

To:  
USA Credit Union  
P.O. Box 7092  
Troy, Michigan 48007-7092  
1-800-521-8440

USA Credit Union Routing/ABA Number: 272078048

Account Number: \_\_\_\_\_

Savings

Checking

If you have any questions, please call me at \_\_\_\_\_.

Authorized Signature: \_\_\_\_\_