

Change Automatic Payment

(Company or payee to receive payment)

(Company or Payee Account #)

(What payment is for) This payment is currently being taken from my/our account

(Name of financial institution)
Please route my automatic payment per my instructions to the financial institution indicated below:

I authorize my automatic payment to be debited: Weekly

Effective: Date

From my/our account at: American Partners Federal Credit Union
618 North Scales Street
Reidsville, NC 27320
Phone 336-855-3553

From:

APFCU Routing # **253184430**

Authorizing Signature(s)

Date