

Automatic Payment Change



Give completed form to company/payee.

Please route this automatic payment as instructed below.

Company receiving my automatic payment: _____

Company Address: _____

City: _____ State: _____ ZIP: _____

Account Number at this company: _____

Payment Amount \$ _____ Bi-Monthly Monthly Weekly

I request my automatic payment from (previous financial institution) _____

be stopped effective: _____

Account number at previous financial institution: _____

Name(s) on account: _____

I authorize my automatic payment to be debited from my Nusenda Credit Union account effective _____ .

Nusenda Credit Union
P.O. Box 8530
Albuquerque, NM 87198
889-7755
800-347-2838 (outside the Albuquerque area)

Nusenda Credit Union Routing Number: **307083665** Account Number: _____

Savings

Checking

Authorized Signature(s): _____ Date: _____

Printed Name(s): _____