## BBEYCredit Automatic Payment Form | Automatic Payment Switch Kit Form

Complete this form to notify a company of your request to DIRECT or REDIRECT your Automatic Payment from your Abbey Credit Union account. Please complete one form for each automatic payment you wish to direct or change.

SIER I
--------

## **STEP 2**

Complete this form.Attach a voided check to this(Use one form for each request)form

**STEP 3** 

Submit form & voided check to each company that automatically debits payments from your account.

OR

Abbey Credit Union will be glad to mail each Automatic Payment Switch Kit Form for you.

## <u>TO:</u>

Company Name:		
Company Address:		
City:	_State:	Zipcode:
Company Account Number:		

## FROM:

Customer Social Securit	ty Number:				
	-				
Customer Address:					
City:		State:	Zip	code:	
Phone: ()					
Please direct or redired	ct my Automatic Pay	ment from my Al	hev Credit	Union Ac	count:
Please direct or redired			-		
NEW DIRECT	Please RE	DIRECT my EXISTI	NG Automat	tic Paymer	nt
NEW DIRECT Effective Date:	Please RE	DIRECT my EXISTI	NG Automat	tic Paymer	nt
Please direct or redired NEW DIRECT Effective Date: Using this Account: Abbey Credit Union Acc	Please RE Immediately	DIRECT my EXISTII	NG Automat ng Date:	tic Paymer /	nt /

I authorize \_\_\_\_\_\_ (company name) to process my payment from Abbey Credit Union, Inc. for the purpose of automatically withdrawing funds from my account listed above and to initiate, if necessary, any debit or credit entries to correct any erroneous debits from my account. I acknowledge that the organization of ACH transactions from my account must comply with the provisions of U.S. Law.

Customer Signature: \_\_\_\_

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