

Automatic Payment Change Form

Complete and sign this form and send it to each merchant/payee you currently have withdrawals or payments automatically withdrawn from your old account.

Merchant/Payee Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

To Whom It May Concern:

Please discontinue making payments from my old account:

Financial Institution: _____

Routing #: _____ Account #: _____

I hereby authorize any future automatic payments to be electronically debited from my new Texas Bay Credit Union account:

Texas Bay Credit Union
12611 Fuqua St.
Houston, TX 77034
713-852-6700

New Account #: _____
Routing #: 313082935
Account Type: Checking Savings

If you have questions about this request, please contact me.

Thank you for your cooperation,

Signature: _____ Date: _____

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____

Email: _____