

Automatic Payment Request Form

Company Name:

Company Address:

City:

State:

Zip:

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Company Telephone Number:

Company Fax Number:

Account Holder's Name:

Account Number:

Account Holder's Address:

City:

State:

Zip:

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Home Telephone Number:

Work Telephone Number:

To Whom It May Concern:

You are currently withdrawing \$ (amount) for my (what the payment is for) from

Bank Name:

Bank Routing Number:

Account Number:

(Check one)

- As of (date) Please start making this automatic withdrawal from my new account at

Security Service Federal Credit Union
P. O. BOX 691510 • SAN ANTONIO, TX • 78269-1510
Routing Number: 314088637
Account Number:

- As of (date) Please cancel my automatic withdrawals. I will be using Security Service BillPay to make my monthly payments.

If you have any questions about this request, please contact me during the day/evening (circle one) at () (phone number).

Signature:

Date:

Complete and send this form to each company where you have an arrangement for automatic withdrawal. Print one form for each company. Don't forget to change any automatic payments set up with a debit card number.