

Automatic Payment

I'm making the move to DFFCU!

AUTOMATIC PAYMENT CHANGE NOTICE

My Name _____

Address _____

City/State _____ Zip _____

SSN# _____ Telephone # _____

Email _____

PLEASE CHANGE MY AUTOMATIC PAYMENT OF:

(Company to Receive Payment)

(Automatic Payment Account #)

To: DuPont Fibers Federal Credit Union
ATTN: Member Services
P.O. Box 72, Chesterfield, VA 23832
Telephone: 804.748.9488

DFFCU Account # _____

DFFCU Checking Account Routing # _____ 251082233

Previous Financial Institution Account # _____

Amount of Payment \$ _____

I authorize the change in my Automatic Payment

effective (date) _____

Signature: _____

Date: _____

Please send this to the company that
receives your Automatic Payment.



Federally Insured by NCUA