



AUTOMATED PAYMENT/WITHDRAWAL CHANGE

Automated Payment/Withdrawal Change

Account # _____

I hereby authorize RTN Federal Credit Union, until further notice, to change the amount of my automated payment/withdrawal(s) from my Main Share account to my Checking account as follows:

Payee Organization	Frequency	Amount currently withdrawn from Main Share	Amount to withdraw from Checking
_____	W = weekly B = bi-weekly S = twice monthly M = monthly	_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____

Member Name _____

Street Address _____

City, State, ZIP Code _____

Home Telephone Number _____

Work Telephone Number _____

Member Signature _____

Date _____

Please forward a copy of this form to the Credit Union whenever changes are made in the amount and/or distribution of the payroll deduction.

600 Main Street • Waltham, MA 02452 • (781) 736-9900 • (781) 736-9856 fax