



Authorization To Change Automatic Payment

Complete this authorization to have automatic withdrawals made from your BPCFCU account. Print one authorization for each company that makes automatic withdrawals from your account. Please remember to change any automatic payments made by debit card too.

 (Name of Company That Makes Automatic Withdrawals) (Date)

 (Address) (City) (State) (Zip)

To Whom It May Concern:

You are currently withdrawing \$ _____ on a _____ basis for my
 (Amount) (When, ex. Monthly)
 _____ from:

(What Payment Is For)
 Old Financial Institution: _____

Routing Number: _____

Account Number: _____

OR
 Card Number: _____

Please discontinue withdrawals from this account, and begin withdrawals from the account below.

Begin withdrawals from my account:
 Buffalo Postal Community FCU
 Routing & Transit # 222079466
 Member#: _____ Savings/Checking (Circle One)

Begin withdrawals from my Buffalo Postal Community FCU Card.

Card Number: _____ Exp: _____ CVV: _____

I will use Buffalo Postal Community FCU's BillPay service to make future payments.

If you have any questions about this request please call me during the day/evening (choose one) at (_____) - _____ - _____. Thank You.

X _____
 (Signature)

 (Name: Please Print Clearly)

 (Address)

 (City) (State) (Zip)