

# Automatic Payment Change

Complete this form for each company or organization that automatically withdraws funds from your previous checking account.

Company: \_\_\_\_\_ Regarding account/policy #: \_\_\_\_\_  
Attention: Payment Processing Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

You are currently withdrawing funds from an account previously provided to you. Please discontinue and begin making withdrawals from my Buffalo Metropolitan account listed below. If this form is not sufficient to change my automatic payments, please send your company's authorized form.

**Effective \_\_\_\_/\_\_\_\_/\_\_\_\_, I authorize you to automatically debit all payments for the account/policy from the account below.**

**Credit Union account #:** \_\_\_\_\_ **Routing #: 222079424**  
(14 digit number on the bottom of your checks)

Name (first/middle/last): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime telephone #: \_\_\_\_\_ Evening telephone #: \_\_\_\_\_

Please note it may take a few weeks for the automatic withdrawal change to take effect. It is recommended that you maintain accounts at both financial institutions until your automatic payment change is complete to prevent any insufficient funds fees.



**Buffalo Metropolitan Federal Credit Union**

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