

COMPANY/MERCHANT INFORMATION

AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

Please update my existing authorization for payment. I have opened a new deposit account and would like to establish automatic payments from this account.

Company Name		
Company Address, City, State, Zip		
Account Number on Invoice/Statem	ient	
PREVIOUS ACCOUNT INF	ORMATION Checking	Account Savings Account
Previous Financial Institution Name	Routing #	Previous Account #
NEW ACCOUNT INFORMA	ATION Checking	Account Savings Account
Honor Credit Union New Financial Institution Name	272484852 Routing #	New Account #
Amount to be Withdrawn		Date of Withdrawal
CUSTOMER INFORMATIO	N	Day Evening
Name	Phone Number	
	Phone Number	
Address, City, State, Zip	Phone Number	Date
Address, City, State, Zip	Phone Number	
Address, City, State, Zip	DATE	1000
can be found along the bottom	DATE	1000

^{*}This completed form can be submitted to the merchant or company you had the automatic payment set up with your previous financial institution.