

Automatic Payment Change Form

www.mfcu.net

Name _____

Address _____

City _____ State _____ Zip Code _____

Social Security Number _____

Telephone # _____ E-Mail _____

- Please select one:**
- Please **stop** my automatic payment
 - Please **redirect** my Automatic Payment to come from:

Members First Credit Union • PO Box 2165 • Midland, MI 48641-2165

MFCU Routing Number: **272482841** _____

MFCU Checking Account Number: _____

Previous Financial Institution: _____

Previous Account Number: _____

I authorize this change to my Automatic Payment

Signature _____

Joint Signature _____

Date _____

*Please send this form to the company that receives your automatic payment. (The company receiving your payment may require additional information/forms; you may photocopy or print several copies of this form).