

**Automatic Payment Change Form**

Verify with your Payee that no other information is required. If not, complete this form and submit to your Payee.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Account Number Payment Type

**Account Holder**

\_\_\_\_\_  
Last Name First Name Middle

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number Social Security #

**My New Account Information:**

Account Type:  Checking  Savings

Account Number: \_\_\_\_\_ Routing Number: 263177903

OR

Card Type:  Debit Card  Credit Card

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ (payee/company name) to initiate payments from my Space Coast Credit Union account indicated above and to make any necessary adjustments for any debit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For checking accounts, please attach a preprinted voided check from your new account to this form and provide it to your payee.