



Recurring Automatic Payment / Withdrawals Form

SEND THIS FORM TO CREDITOR OR MERCHANT

Complete one form for each creditor or merchant billing account. Submit a copy to each that are automatically taking payments from your existing account(s). You may be required to complete an additional form from that party. You may also be able to call customer service for that party and make the switch.

Contact Information

Your Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Making Automatic Withdrawal:

Name: _____

Address: _____; _____, _____ State | ZIP

Notice of Automatic Payment Cancellation

Date: _____

You are currently withdrawing \$ _____ for payments to you on my behalf from the following account # _____ at (previous financial institution)

Address: _____

Please Bill Payments to: PSCCU, PO Box 97034; Bellevue, WA 98009-9734.

Via ACH:
325183259 _____
PSCCU Routing# Checking Account Number

Via Debit / Credit Card: CARD# _____ EXP DATE _____

I, _____, hereby authorize you to redirect future automated payment withdrawals from my new PSCCU account effective: _____

If you have any questions, please contact me at _____.

Signature

Date