

# Automatic Payment Change

Give completed form to Company/Payee



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## Please route this automatic payment as instructed below:

Company receiving my automatic payment: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Account Number at this company: \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_  Bi-Monthly  Monthly  Weekly

I request my automatic payment from (previous financial institution) \_\_\_\_\_

be stopped. Effective date: \_\_\_\_\_

Account number at previous financial institution: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

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## I authorize my automatic payment to be debited from my Sandia Area Federal Credit Union account effective: \_\_\_\_\_

Sandia Area Federal Credit Union  
PO Box 18044  
Albuquerque, NM 87185

1-800-228-4031

Sandia Area Federal Credit Union Routing Number:

307070047

Account Number: \_\_\_\_\_

Savings

Checking

Authorized Signature(s): \_\_\_\_\_

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