3 AUTOMATIC PAYMENT CHANGE NOTIFICATION

MOVERS & CHECKERS™

Date □□-□□-□□

Social Security Number □□□-□□-□□□□

Name _____

Company to Receive Payment _____

Company Address _____

Previous Financial Institution _____

Address _____

Previous Account # _____ Amount of Payment $ _____

New Financial Institution _____ New Account # _____

Address _____

Routing # for New Credit Union _____ Telephone □□□-□□□-□□□□

I hereby authorize this change in automatic payment effective □□-□□-□□

Signature _____