



# Automatic Payment Change Form

Complete this form to request a change to your automatic payments. Use one form for each automatic payment you wish to change; make copies as necessary.

**To:**

Merchant Name \_\_\_\_\_

Merchant Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Merchant Account Number \_\_\_\_\_

Payment Amount \_\_\_\_\_

You are currently withdrawing an automatic payment from an account which will be closed shortly. Please stop making withdrawals from that account immediately and begin withdrawing from the following account:

PSECU Account Number \_\_\_\_\_

PSECU Routing Number **231381116**

**From:**

Name \_\_\_\_\_

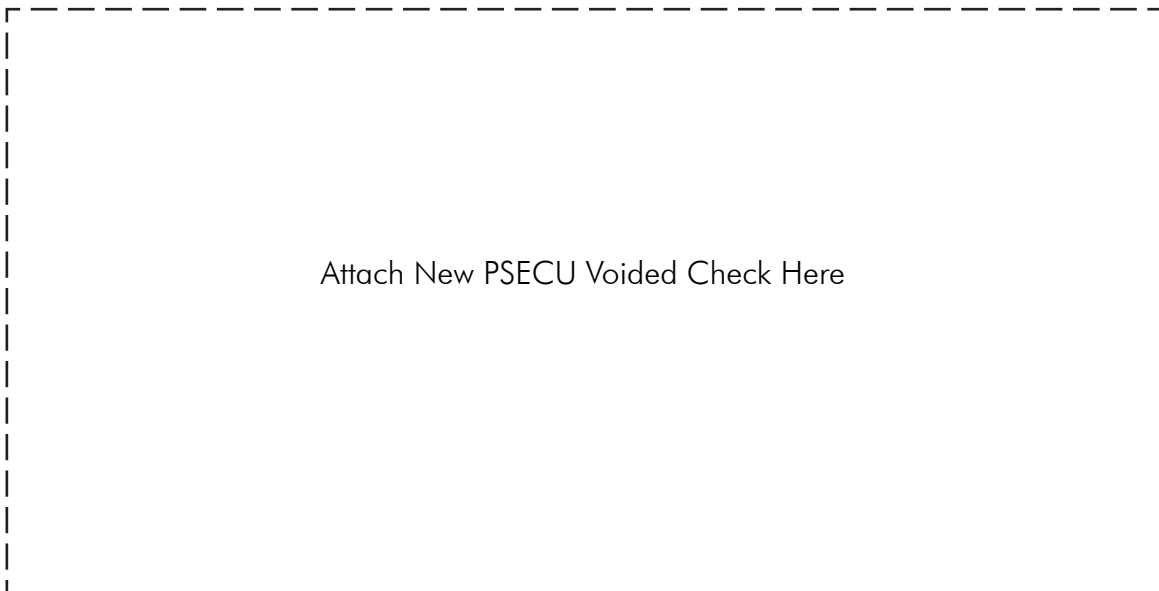
Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

If you are unable to accept this form, please send your authorized form to the address above.



Attach New PSECU Voided Check Here