

AUTOMATIC PAYMENT AUTHORIZATION



Note: Check with the payee to make certain no other information or specific form is necessary to complete the change of your automatic payment to your new checking account. If this form is acceptable, complete the information below and provide it to the payee.

AUTOMATIC PAYMENT AUTHORIZATION:

| | | | | |
|-----------------|--|--------------|-------|-----|
| COMPANY NAME | | | | |
| COMPANY ADDRESS | | CITY | STATE | ZIP |
| ACCOUNT NUMBER | | PAYMENT TYPE | | |

Please change the account used for Automatic Payment to my new account:

| | | | | |
|--------------|----------------|------------------------|-------|-----|
| FIRST NAME | MIDDLE INITIAL | LAST NAME | | |
| ADDRESS | | CITY | STATE | ZIP |
| PHONE NUMBER | | SOCIAL SECURITY NUMBER | | |

My New Payment Information:

ARCHER CREDIT UNION
510 G St | PO Box 284
Central City NE 68826-0284

Account Information
Account Type: Checking

Account Number: _____
Routing #: 304987191

Card Information
Card Type: Debit

Card Number: _____
Expiration Date: _____

I hereby authorize:

- The payee/company listed above to initiate payments from my Archer Credit Union checking account listed above.
- The payee/company listed above to make any necessary adjustments for any debit made to my account in error.
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

ACCOUNT HOLDER SIGNATURE _____

DATE _____

*For checking accounts, please attach a preprinted voided check from your new checking account to this form and provide it to your payee. **Tip: Don't have checks for your new account? No sweat! Contact a Member Services Representative for a pre-printed counter check.**