

Automatic Payment Change

Give completed form to Company/Payee



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: _____

I authorize my automatic payment to be debited from my Mountain America Credit Union account effective _____.

Mountain America Credit Union
7181 Campus View Dr
West Jordan Ut 84084

1-800-748-4302

Mountain America Credit Union Routing Number: 324079555

Account Number: _____

- Savings
- Checking

Authorized Signature(s): _____

Date: _____