

## Automatic Payment Change Form

To Whom It May Concern:

Please route my automatic payment to the company/payee listed below:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account #: \_\_\_\_\_

I authorize my automatic payment to be debited from my account at:

Chaco Credit Union  
100 South Third Street  
Hamilton, OH 45011  
**Routing #: 242278360**

Weekly       Bi-Monthly       Semi-Monthly       Monthly  
Effective:       Immediately       Beginning Date: \_\_\_\_\_

Account #: \_\_\_\_\_       Checking       Savings

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

Please complete one form for every automatic payment you have debited from your account. Additional copies may be made from this form.