

Automatic Payment Change Form

Give this to Company/Payee



Please route this automatic payment per my instructions:

Company to receive payment _____ Account Number _____

Company Address _____

City _____ State _____ Zip _____

Payment Amount \$ _____

Monthly

Bi-Weekly

Weekly

I authorize my automatic payment to be debited from my Credit Union Advantage account effective
_____/_____/_____.

Credit Union Advantage Routing Number: 272485039

Account Number _____

Savings

Checking

Authorized Signature(s) _____ Date _____

Authorized Signature(s) _____ Date _____



Southfield Office

Providence Medical Building
22250 Providence Drive
Southfield, MI 48075
248-996-6070 • Fax: 248-849-5391

Novi Branch

Providence Park Medical Office Building
26850 Providence Parkway, Suite 110
Novi, MI 48374
248-662-0383 • Fax: 248-662-0385