

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 America First Credit Union account effective ____ / ____ / ____.

Please transfer any remaining balance to: America First Credit Union (800) 999-3961
PO Box 9199
Ogden, UT. 84409

America First Credit Union Routing Number: 3243 7751 6
Account Number: _____

- Savings
- Checking

Authorized Signature(s) _____ Date _____