

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 ARC Credit Union account effective ____/____/____.

ARC Credit Union Routing Number: 272484302

Account Number _____

Savings

Checking

Authorized Signature(s) _____ Date _____

Authorized Signature(s) _____ Date _____



18720 Thirteen Mile Road • Roseville, MI 48066
586-773-9112 • Fax: 586-773-6261

www.arccu.com