



AUTOMATIC PAYMENT TRANSFER REQUEST

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

COMPANY RECEIVING PAYMENT:

Company Name: _____ Phone: _____
Address: _____
City, State, Zip: _____
Account Number: _____

Please change my Automatic Payment to: Total Choice Federal Credit Union
PO Box 560
Hahnville, LA 70057-0560

My Total Choice FCU account number is: _____
Account Type: _____ Amount of Payment: _____
Total Choice Federal Credit Union Routing Number: 265481888
Please discontinue my Automatic Payment at:
Financial Institution: _____ Phone: _____
Address of Financial Institution: _____
City, State, Zip: _____
Account: _____ Routing Number: _____
Amount of Automatic Payment: _____

I understand that I need to give you a two week notice prior to the next scheduled transaction. Therefore, I expect the last payment from my previous financial institution to be dated: _____.
All transactions after this date should be paid from my Total Choice FCU account listed above.

I hereby authorize Total Choice FCU to change my Automatic Payment. It is understood that a photocopy of this form will also serve as authorization.

Name (Print): _____

Signature: _____ Date: _____