

Automatic Payment Deduction Form

Date:	
Please note that I am closing the existing account number from which you are authorized to receive automatic payments. This notice authorizes you to establish automatic payment deduction to my new EPFCU account as of	
NEW ACCOUNT INFORMATION	
EPFCU Routing Number: 271182524	
EPFCU Account Number:	
Check One: ☐ Checking* ☐ Savings *Attach voided check	
X	
Customer Signature	Date
Printed Name	SSN
X	
Customer Signature (joint signer)	Date
Printed Name	Date
Please send your acknowledgement of this notice to me at the following address:	
Name	Phone Number
Address	Alt. Phone Number