

AUTOMATIC PAYMENT CHANGE FORM

This form goes to companies with whom you have automatic withdrawals.

Date _____

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 Buffalo Police Federal Credit Union account effective _____.

Buffalo Police Federal Credit Union Routing Number: 222079453

Account Number _____

Savings

Checking

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

Buffalo Police Federal Credit Union
74 Franklin Street Room 103
Buffalo, NY 14202
(716) 851-4490