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 Bismarck, ND, 58501
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 capcu.org

AUTOMATIC PAYMENT AUTHORIZATION FORM

TO: COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RE: Changing my automatic payments to a new account

ATTN: Customer Service

Please change my automatic payment information with your company to begin making withdrawals from my Capital Credit Union account. I have included my account information and a voided check from my new account. If you have any questions regarding this request, please contact me by phone or mail. Thank you for your prompt assistance.

Sincerely,

PRINT NAME: _____

SIGNATURE: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

PREVIOUS FINANCIAL INSTITUTION: _____

PREVIOUS ROUTING #: _____ PREVIOUS ACCOUNT #: _____

NEW FINANCIAL INSTITUTION: Capital Credit Union NEW ROUTING #: 291378130

NEW ACCOUNT # _____ CHECKING ACCOUNT SAVINGS ACCOUNT

AMOUNT WITHDRAWN _____

EFFECTIVE DATE _____

