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Automatic Payment Change Request Form

Complete one form for each company that automatically drafts payments from your old account.

Please accept this letter as authorization to change my automatic payment from my old account to my new account at Priority First Federal Credit Union.

To (company) _____

Address _____

Fax _____

Name _____

Account Number _____

I hereby authorize you to stop my current automatic draft with (bank name) _____ and establish a draft on my new checking/savings account at Priority First Federal Credit Union. My new account information is as follows:

Name on Account _____

Priority First FCU Checking Account Number _____

Priority First FCU Routing ABA # **243379873**

Signature _____

Date _____ Daytime Phone Number _____