

# ELECTRONIC PAYMENT CHANGE REQUEST



MEMBER INFORMATION	
Name (please print)	
Address	Phone Number (      )
PREVIOUS FINANCIAL INSTITUTION	
Previous Financial Institution	Account Number
Address	
PAYMENT INFORMATION	
Payee	Your Account Number w/ this Company
Address	<input type="checkbox"/> Fixed Amount <input type="checkbox"/> Variable Amount \$
NEW FINANCIAL INSTITUTION	
Wings Financial Credit Union    Routing #: 296076152	
Account Number	
Signature	Effective Date

If you have any questions about this request, please contact me at the phone number above.  
Member: Please make as many copies of this form as needed. Bring or mail to the companies that make automatic withdrawals from your account.

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