

AUTOMATIC PAYMENT CHANGE AUTHORIZATION



**ProMedica[®]
Federal Credit Union**

For Your Financial Health

Please photocopy or get more forms from the Credit Union

Change Order

New Order

Company _____

Address _____

City _____ State _____ Zip _____

My Account # _____

I / WE hereby authorize you to make an electronic debit
from my account at my financial institution

PROMEDICA FEDERAL CREDIT UNION

ABA Routing # 241282373

2301 W. Central Ave., Toledo, Ohio 43606

10 Digit Account Number # _____

Checking Savings

This order cancels and replaces previous withdrawal
instructions for

Former Bank _____

ABA Routing # _____

Bank Account # _____

Checking Savings

Signature _____ **Date** _____

Signature _____ **Date** _____

Daytime Phone Number _____

* ProMedica Federal Credit Union is available to process this form for you.