

AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

Today's
Date

(Please fill out and print completed form and mail or bring into a PSE branch office.)

Company/Organization to whom Automatic Payment is made _____

Company/Organization Address _____
Street Address City State Zip

On ____ ____ ____ I closed my Checking Account at _____ Old Acct # _____
Financial Institution

Account Holder _____ Social Security # _____

I hereby authorize automatic payment from my new Checking Account beginning ____ ____ ____

New Financial Institution: PSE Credit Union, Inc. Routing # 2410-8106-6

Financial Institution Address: 5255 Regency Drive Parma, Ohio 44129

New Account # _____ I have enclosed a Deposit/Voided Check to verify the account #.

Signature(s) _____ Daytime Phone Number _____

(Sign printed form.)

Complete this form, print and sign for each company or organization with whom you have arrangement for Automatic Payment. Call 440-843-8300 with questions.