



FEDERAL CREDIT UNION

Automatic Payment Authorization

Name _____

Address _____

City _____ State _____ Zip _____

Ph# _____ E-Mail _____

Company Receiving Payment:

Company Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Account Number _____

**Please change my Automatic Payment to:
MONROE TECLO FEDERAL CREDIT UNION
4705 Cypress Street
West Monroe, LA 71291**

Monroe Telco FCU Account # _____

Account Type _____ Amount of Payment _____

Monroe Telco FCU Routing # **311175352**

Please discontinue my Automatic Payment at::

Financial Institution _____ Ph# _____

Address _____ City _____ State _____ Zip _____

Account # _____ Routing # _____

Amount of Automatic Payment _____

I understand that I need to give you at least two weeks notice prior to the next scheduled transaction. Therefore, I expect the last payment from my previous financial institution to be dated _____. All transactions after this date should be paid from my Monroe Telco FCU account listed above.

I hereby authorize Monroe Telco FCU to change my Automatic Payment. It is understood that a photocopy of this form will also serve as authorization.

Printed Name _____ **Signature** _____

Date _____