Automatic Payment Authorization Form

Use this form to request the transfer of an automatic payment to your Reliant Community Credit Union savings or checking account. Complete one form for each automatic payment. Many companies also provide information on their website or on their bill/statement explaining how to make changes or establish an automatic payment. Please allow sufficient time for your first automatic payment to be activated with your new Reliant account.

Name

Address City State Zip

Home Phone Work Phone Cell Phone

To Whom It May Concern:

I would like to change my payment instructions. Currently you are withdrawing a $_____ payment from:

Financial Institution Name:_____

Address:_____

Routing Number:_____Account Number:_____

Account Type:_____

For (reason)_____on (date)_____

*Effective_____(date), please stop making deposits to that account and instead send them to:

Reliant Community Credit Union
10 Benton Place, PO Box 40
Sodus, NY 14551
Reliant Routing # 222382438

(Check one) ☐ **Reliant Checking #** | | | | | | | | | | |
(This 10-digit number is located at the bottom of your check or deposit slip.)

☐ **Reliant Savings Account #** _____

If you have any questions about this request, please contact me at this number during normal business hours: _____

Thank you.

Sincerely,

Account Owner's Signature

Account Owner's Name

Address

City State Zip

Joint Account Signature (if applicable)

Joint Account Owner's Name (if applicable)

**Please note:*
If you are making a payment from your checking account be sure to attach a voided check or deposit slip from your new Reliant checking account. It is recommended that you maintain accounts at both financial institutions until your automatic withdrawal authorization change is complete.

Contact the company that generates your automatic withdrawal to determine when your automatic withdrawal will become effective. The company may require you to complete additional forms in order to process your transfer.