

(Forward completed form to any company that is automatically withdrawing funds from your checking account at your previous financial institution.)

AUTOMATIC PAYMENT CHANGE NOTIFICATION

NAME (FIRST	MI	LAST)	SOCIAL SECURITY NO.	
COMPANY TO RECEIVE THIS FORM	COMPANY ADDRESS (STREET	CITY	STATE ZIP CODE)	
PREVIOUS FINANCIAL INSTITUTION	ADDRESS (STREET	CITY	STATE ZIP CODE)	
PREVIOUS ACCOUNT NO.	AMOUNT OF PAYMENT			
NEW FINANCIAL INSTITUTION NAVY FEDERAL CREDIT UNION	NEW ACCOUNT NO. (10 DIGITS)	DAYTIME TELEPHONE NO.		
ADDRESS (STREET	CITY	STATE	ZIP CODE)	ROUTING NO. FOR NEW FINANCIAL INSTITUTION 2560-7497-4
PO BOX 3000, MERRIFIELD VA 22119-3000				

I hereby authorize this change in automatic payment effective _____.

SIGNATURE	DATE (MO., DAY, YR.)
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