



Automatic Payment Change Form

Please complete a copy of this form for any company or organization (payee) that is paid automatically from your checking account, and then mail it to them. You might also need to include the account number that the payee has assigned to you. Please note that most automatic payment changes can take 30 days to be processed.

TO (payee): _____

Payee Account Number: _____
(for instance, if the Payee is TXU Electric, include the account number from your TXU bill)

Name of Payer (your name): _____

Address: _____

City: _____ State: _____ Zip: _____

TARRANT COUNTY CREDIT UNION
100 East Weatherford Street
Suite 205
Fort Worth, TX 76196

ABA/ROUTING NUMBER: **311981960**

Member Account Number: _____

Checking Savings

Effective Date of Change: ____ / ____ / ____

Effective on the date specified(or as soon as is possible after that date), all automatic payments debited on my behalf for the Payee Account Number listed above should be switched to the TCCU checking or savings account specified.

Signature

Date