



Automatic Payment Change Form

Fill out one Automatic Payment Change Form for each automatic payment you currently have scheduled and send to each company.

Date: _____

To: _____
Name of Company making automatic withdrawal or payment

Street Address City State Zip

FROM: _____
Name(s) on Account

Street Address City State Zip

Account/Reference Number Home Phone

To Whom It May Concern:

Please redirect my automatic payment for the above account number to my new bank account as instructed below.

Automatic Payment Information:

Amount: \$ _____

Effective: Immediately Beginning ___/___/___

Payment Frequency: _____

UVA Community Credit Union Account Information:

Routing Number: 251480181 Credit Union Account Number: _____

Account Type: Checking Savings

Address: 3300 Berkmar Drive
Charlottesville VA 22901
434-964-2001

If you have questions about this request, please contact me at: _____

Signature

Date

Name (print)