

WALLED LAKE SCHOOL EMPLOYEES FEDERAL CREDIT UNION

Automatic Payment Change Form

Give this to Company/Payee

Please route this automatic payment per my instructions:

Company to receive payment _____ Account Number _____

Company Address _____

City _____ State _____ Zip _____

Payment Amount \$ _____

- Monthly
- Bi-Weekly
- Weekly

I authorize my automatic payment to be debited from my Walled Lake School Employees Federal Credit Union account effective _____/_____/_____.

Walled Lake School Employees Federal Credit Union Routing Number: 272485657

Account Number _____

- Savings
- Checking

Authorized Signature(s) _____ Date _____

Authorized Signature(s) _____ Date _____

